VS A15 (4) 15M 9/55

	MARYL	AND	STATE DEPARTM	ENT OF HEALTH	I-BAL	TIMORE,	8 Dr	Kes	dle	86
		118	04 CERTIFICA	ATE OF DEATH	1		Reg. Di	Ji. ist. 1 5 (23	00
PLACE OF DEATH	ashington	1	MARYLANO	2. USUAL RESIDENCE (WE	ere decease	d lived. Il institut b. COUNT	ashi	nce befor	e odmissi	on)
b. CITY OR TOWN (RURAL and give n Hagers		is, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Hagers	iutside carpo	orate limits, write l				0.3
_OR INSTITUTION	ton Co, Hos			d. STREET ADDRESS	Can	non Ave	•		ON A	DENCE FARM? NO A
NAME OF DECEASED (Type or print)	Denice	tl	Middle Ceoel	ANDREWS	4. DATE OF DEATH	Nov. 4	-	Dog		ear 9
male	6. COLOR OR RACE White	7. MARRI WIDOWE	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH NOV. 4. 1956	3	9. AGE (In years last birthday) yrs.	IF UNDER	Days	Hours 2	Min,
during most of wor	ON (Give kind of wark of king tife, even if retired)	Jane 10b. I	NIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Hagers			12. Cr	TIZEN O	F WHAT	COUNTRY?
George	W.Andre	ews		14. MOTHER'S MAIDEN N		a. Show	e			
WAS DECEASED EVE	ER IN U. S. ARMED FOR (II yes, give wor or dates of H NONE		social security No. 17. 1	George T	, An	drews	drest			
	ATH [Enter anly ane ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	_6	for (a), (b), and (c).]	lie m	ons	ten			RVAL BE ET AND	
Canditians, if a gave rise to it cattse (a), stating lying cause last.	immediate DUE TO									
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GI	VEN IN PAR	RT 1(o) 11	P. WAS / PERFO YES []	RMED?
OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Parl I ar Par	rt II af ilem 18.)				

(IF EITHER, NOTIFY M 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form,

Haur a, m. While Not while at work p. m.

20f. (City or town) factory, street, affice bldg., etc.}

(County)

21. I certify that I attended the deceased from ...that I lost saw the deceased and that death occurred at 626PM, from the causes and on the date stated above.

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION,

Burial (Specify)

1. PLACE OF DEATH a. COUNTY

Temale

5. SEX

CERTIFICATION

13. FATHER'S NAME

10a. USUAL OCCUPATION

George 15. WAS DECEASED EVER no

22b. DATE THEREOF

Nov. 5.1956

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, lawn, or caunty)

(State)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

Rose Hill ADDRESS

Hagerstown, Md.

Cemetery Hagerstown, Maryland 240. REC'D BY REGISTRAR

Andrew K. Coffman

CHRISTICATE OF DEDICATH

DIIOn

Mov. 5,1965 Rose Hall Casethar

Andren K Colffein Home com, la.

BUREAU V. R.

CHEST AND SPORTS

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9981 8 AGN

BECEINED

TO FU

VS A15 (4) 15M 9/SS

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				HEALTH-BALTIMORE,	18
118	05	ERTIFICATE	OF	DEATH	

Reg. Dist. No.

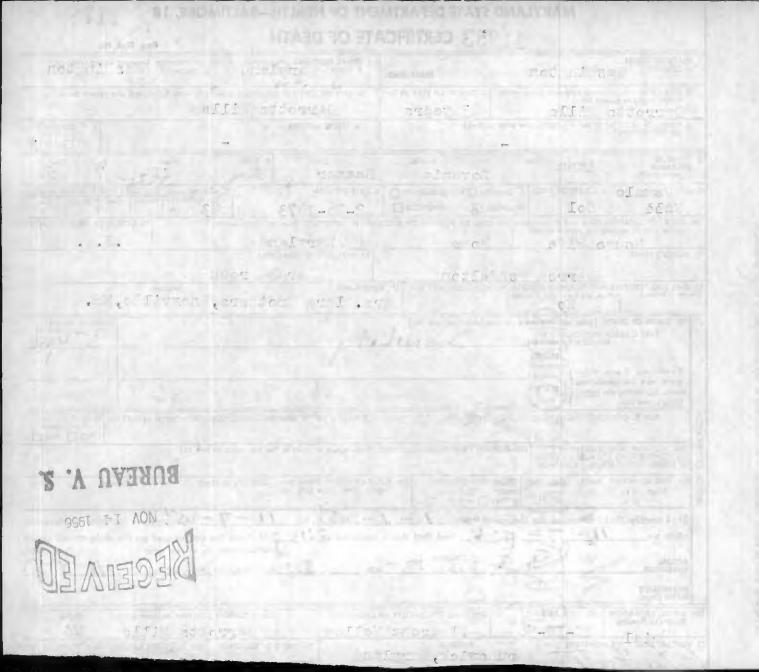
o. COUNTY Wa	shington		MARY	rLAND .	a. STATE				and the contract of		
b. CITY OR TOWN (If	outside corporate limit	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOV	VN (If o	utside corpor	ote limits, write F			
Hagerstown			7 days		Hage	rsto	own				Q.
d. NAME OF HOSPITA	L (If not in haspital, g	ive street	address)								RESIDENCE
	n County H	ospi	tal		8 West	Irv	in Ave	•			S NO
NAME OF DECEASED (Type or print)	EARL	st			lost BAHM		4. DATE OF DEATH			16	Year 19 56
.sex Male	6. COLOR OR RACE White					27,	1887	9. AGE (In years last birthday) 69 yrs.	Months Months		JNDER 24 HRS.
during most of worki	ng life, even if retired				~··			untry)			HAT COUNTRY
3. FATHER'S NAME						-				RE-MARK	
Edwar	d Bahm				A	lice	Me Me	orrow			
			SOCIAL SECURITY NO). 17. IN	FORMANT			Add	ress		
Yes Yes	We We I	Ervice]	214-09-2196	C	harles J.	Bou	er l	Blue Rid	ge Sur	mmit,	Pa.
Conditions, if an gave cise to im couse (a), stating the lying couse last.	DUE TO y, which mediate he under (c ER SIGNIFICANT, CON WARY UNDERLYING CAUSE OF DEATH	Car DITIONS C	Cenoma d CONTRIBUTING TO DE	of he					/EN IN PAR	8 m	veeps unstis
		While	Not white	20e. PLA fac	CE OF INJURY (Han tory, street, affice blo	ne, farm, dg., etc.	20f. (City	or town)	(0	County)	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION REMOVAL (Specify) BUTIAL 3. FUNERAL DIRECTOR'S	gle Skunie Porge V N, 225. DATE THEREO 11/19/19	195 195 197:	O, and that nings, M 220 MAME OF CEM ROSE I ADDRESS	death , D,	accurred at 2. A.D. /36 W. /-/C CREMATORY Cemetery 23	hlai	Appress (Struggler Stew) 22d. LOCAT	the couses of eat, city or town, in St. ON (City, town.	or county)	myl and	stated abov DATE SIGNI (//7/56 (State)
	b. CITY OR TOWN (IF RURAL and give need Hagerstown of Hagerstown or NAME OF HOSPITAL OR INSTITUTION Washingto or NAME OF DECEASED (Type or print) SEX Male Oc. USAL OCCUPATION during most of working most of its conditions, if on gave rise to im cotise (o), stating it lying couse lost. Part II. OTH Pulling Constitution or contributions (IF EITHER, NOTIFY Mour o. m. p. m. 20. I certify the glive on Most of Removal (Specify) 22. BURIAL, CREMATION REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	D. COUNTY Washington b. CITY OR TOWN (If outside corporate limit RURAL and give neorest town) Hagerstown d. NAME OF HOSEITAL (If not in haspital, goor institution) Washington County H NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE White Od. USUAL OCCUPATION (If we kind of work of during most of working life, even if retired) Sales Manager 3. FATHER'S NAME Edward Bahm S. WAS DECEASED EVER IN U. S. ARMED FOR YEAR TO LOSE OF DEATH (Enter only one compart in Death Was Caused by Ithe Washington, which gove rise to immediate couse (o), stating the under lying couse lost. Conditions, if ony, which gave rise to immediate couse (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT.CON PART II. OT	D. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Hagerstown d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Washington County Hospital, give street OR INSTITUTION (Give kind of work done 10b. Male White Widows Sales Manager 3. FATHER'S NAME Edward Bahm S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 18. CAUSE OF DEATH [Enter anly one couse per limitation of working life, even if refired) Yes, no. or winnown) 18. CAUSE OF DEATH [Enter anly one couse per limitation of working life work was caused by: 18. CAUSE OF DEATH [Enter anly one couse per limitation of working life work was caused by: 19. Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse lost. 19. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH Hour o. m. 19. DUE TO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH Hour o. m. 19. White at working life work of the decease dive an North Cause Of Death Hour o. m. 21. I certify that I attended the decease dive an North Cause Of Death Hour o. m. 220. BURIAL, CREMATION, 226-DATE THEREOF REMOVAL (Specify) BUF132 11/19/1956	S. CILY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown ON NAME OF HOSPITAL (If no) in haspital, give street address) ON INSTITUTION Washington County Hospital NAME OF HOSPITAL (If no) in haspital, give street address) ON INSTITUTION Washington County Hospital NAME OF HOSPITAL (If no) in haspital, give street address) ON INSTITUTION Washington County Hospital NAME OF HOSPITAL (If no) in haspital, give street address) ON INSTITUTION Washington County Hospital NAME OF HOSPITAL (If no) in haspital, give street address) ON INSTITUTION Washington FARL ACUIDANT MARRIED ON INSTITUTION SEX ON LOCAL OCCUPATION (Give kind of work done done done) ON USUAL OCCUPATION (Give kind of work done done) ON USUAL OCCUPATION (Give kind of work done done) SEX Male ON USUAL OCCUPATION (Give kind of work done) Willowed Divorce Willowed Divorce Medical Pub. SALES Manager ACUIDANT MARRIED ON LOCAL SECURITY NO 214-09-2196 Medical Pub. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE P	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1. Age restown d. NAME OF HOSPITAL (If no! in haspital, give street address) OR INSTITUTION Washington County Hospital NAME OF DECEASED FOR First Middle HARVEY SEX 6. COLOR OR RACE WIDOWED NEVER MARRIED NOW INDUSTRIES OR INDUSTRIPE OF CO. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Sales Manager S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. IN 214-09-2196 C. 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (d).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE BY: IMMEDIATE CAUSE BY: IMMEDIATE CAUSE OF DEATH (FIFTHER) OR CONTRIBUTING CAUSE OF DEATH (FIFTHER) 202. ACCIDENT WAS UNDERLYING WORK ON WORK OF INJURY OCCURRED OF WORK OF INJURY MORTH OF INJURY MORTH OF INJURY MORTH OF INJURY OCCURRED While or work of work of Injury Morth of CAUSE OF DEATH (FIFTHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the deceased fram August of Injury and that death accurate for Injury Morth of Injury Morth of Injury Morth of Injury Occurred Occurred Of Injury Occurred Occurred Occurred Occurred Occurred Occurred Occurred O	D. CITY OR TOWN (If outside corporate limits, write RURAL and give neotest form) B. CITY OR TOWN (If outside corporate limits, write RURAL and give neotest form) B. CITY OR TOWN Hagerstown d. NAME OF HOSPITAL (If not in hapital, give street address) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hapital, give street address) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hapital, give street address) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hapital, give street address) OR INSTITUTION Washington County Hospital NAME OF HOSPITAL (If not in hapital, give street address) OR INSTITUTION Washington County Hospital OR INSTITUTION OR INST	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necreal town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give necreal town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give necreal town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MASH OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MASH OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MASH OF POSEASED (If you are print) SEARL ALMAN OF POSEASED (If you are print) SEARL ALMAN OF BECASED (If you are print) SEARL (If you are you will be worked and and you are couse pet line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate course you limit to you had you had you will be you are you will be y	D. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town RURAL AND RURAL R	D. CITY OR TOWN If countide corporate limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide corporate limits, write B. RURAL and give encerate from I agerstown C. CITY OR TOWN If countide corporate limits, write B. RURAL and give increased offers) C. CITY OR TOWN If countide corporate limits, write B. RURAL and give increased offers) C. CITY OR TOWN If countide corporate limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide corporate limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide corporate limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide corporate limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide corporate limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If countide limits, write B. CLENGTH OF STAY IN 1b C. CITY OR TOWN If COUNTING B. CLIN IN IN INCOME. BARM OF BARM. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME. FRAMING OF PEACH IS AND A CLIN IN INCOME.	D. CITY OF TOWN If outside corporate limits, write c. LENGTH OF STAY IN 16 C. CITY OF TOWN If outside corporate limits, write RURAL and IRRAC IN 16 RURAL AND IRRAC IN 1	D. CITY OF TOWN If outlide corporate limits, write RURAL on give necests town RURAL and give necests to RURAL and give necests town RURAL and give necests town RURAL and give necests to RURAL and give necests to RURAL and RURAL RURAL CREMATION. RURAL RURAL CREMATION. RURAL RURAL RURAL CREMATION. RURAL RURAL RURAL CREMATION. RURAL RURAL RURAL CREMATION. RURAL RURAL RURAL RURAL RURAL RURAL CREMATION. RURAL

CHITECATE OF GRATH

BUREAU V. E.

BECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 15M 9/SS 16

11854 CERTIFICATE OF DEATH

18 11789 Reg. Dist. No. 302

	. county Washi	ngton	MARYLAND	a. STATE Maryland	b. COUNTY	ashington
	b. CITY OR TOWN (I	f outside corporate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Hagerstow		nd give nearest town)
	OR INSTITUTION	AL (If not in hospitol, give stre Nursing Home	et oddress)	d. STREET ADDRESS	lton Blvd.	e. IS RESIDENCE ON A FARMR YES NO
	NAME OF DECEASED (Type or print)	erma	Naomi Bie	rshing 4. DA		Doy Year 13 19 56
S. 5	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND lost birthdoy) Month	ER I YEAR IF UNDER 24 HRS.
	Female	111111111111111111111111111111111111111	WED DIVORCED	Dec. 24, 1883	72 yrs.	bdys Prours Min.
	Clerk	king life, even if retired)		ore Near Rohre		CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
		ge Biershing			Heltmacher	
1S. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FORCES? [If yes, give war or dates of service]		INFORMANT	Address	
	*****		214-09-1683	Dr. Clifford	Luke Hage	erstown Md.
		ATH [Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO	Cardiovascu	lar Collapse		INTERVAL BETWEEN ONSET AND DEATH TO THE STATE OF THE STAT
NO	Conditions, if a gove rise to i couse (a), stating lying couse tast.	mmediate DUE TO	Carcinoma of	Stomach NOT RELATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN P.	ART 1(0) 19. WAS AUTOPSY
CAT						PERFORMED? YES NO
L CERTIFICATION	200, ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO 20b. CO CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or	Port II of item 18.)	
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Wh		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	(City or town)	(County) (State)
	actual signature Physician's NAME (Type)					l last saw the deceased the date stated abave. DATE SIGNED
	BURIAL CREMATIC REMOVAL (Specify) BURIAL	11-15-56	22c. NAME OF CEMETERY C	Cemetery	DCATION (City, town, or county Hagerstown	(State),
23.	FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	240, REC'D BY RE	GISTRAR 246. PEGISTRAR'S	11 1
S	cott F.	Minnich & So	on Hagerstow	n Md. Month	1436 15461	43 march

BUREAU V. S. 3561 67 NON BECEINE Totale I

YS A15 (4) 15M 9/55 M

ARYLAND ST	ATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18 Graff	11790
1180	S CERTIFICATE	OF DEATH	DI DOULE	Reg. Dist. N	

1.	Machinet	on		MARYLAND	o. STATE	ence (Where			ng ton	before admission]
	b. CITY OR TOWN (If outsi	de carporate limit	s, write	c. LENGTH OF STAY IN Th	c. CITY OR TO	OWN (If outsi				re nearest town)
	Hagersto			2 Days		Hager	stown			03
	d. NAME OF HOSPITAL (IF	not in hospital, g	ive street	address)	d. STREET AL	DORESS				e. IS RESIDENCE ON A FARM?
		nty Hos	pit	al	27	No W	alnut	at		YES NO
3.	NAME OF DECEASED	Fire	s†	Middle	Last	4.	DATE	Mar	nih	Day Year
	(Type or print)	WILLIA	M		BISHOP		DEATH]	Noven	ber 1	9 19569
5.	SEX 6. C	OLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH		9. At	GE (In years st birthday)	Months D	YEAR IF UNDER 24 HRS.
	Male	White	WIDOWI				189	57 yrs.	Months	Pays Hours Min.
100	. USUAL OCCUPATION (G during most of working li	ive kind of work of	ione 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	ACE (State or f	foreign country	1		EN OF WHAT COUNTRY
	Loborer			Retired	Sidl	ing H	ill M	d.		USA
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAN	ÄE.			
	Freeman	Bishop			E	dith	Lamm			
	WAS DECEASED EVER IN	J. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT			Add	lress	
1	No		2	19.05.2131	irs Anni	e E.	Bisho	27	So Wa	lnut St
	18. CAUSE OF DEATH	Enter only one ca	use per li	ne for (a), (b), and (c).]	\ I.	agers	town.	Md		INTERVAL BETWEEN
	PART I. DEATH W	AS CAUSED BY: EDIATE CAUSE (o))	= ar Violascu	lar	G	lows	9		NA I W
	331×	DUE TO		- 11		-	- 110	11		1.
	Canditions, if ony, w			Cere DW	1 0	05. (1. cm	1/101	+	your.
	gave rise to immed cattle (a), stating the un				1		dec	alla		
	lying cause lost.) (c						*		
NO.	PART II. OTHER SI	GNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE CON	NOITION GIV	VEN IN PART	(a) 19. WAS AUTOPSY
CAT										YES NO
CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	DERLYING [] AUSE OF DEATH CAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in Port	I or Port II of	item 18.)		
CAL	20c. TIME OF INJURY M	onth, Day, Yes	or 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY IN	lome, form,	20f. (City or to	wn)	(Co	unty) (Stole)
MEDICAL	Hour a.m.	19	While at wor	LADI AHHIM	ctory, street, office	bldg., etc.]				
-	21. I certify that I	ettended the	docone		1916	4- N	00 7 1	70 0	About I In	st saw the decease
П	alive on Nov	19	10	m!						e date stated abave
Ш	dive dil		7) ' and mai dean	decorred at_		DRESS (Street)			DATE SIGNE
	ACTUAL SIGNATURE	wis 2	5	1 M	116	1 5	· AL	+ m+	W	11/201
	- 1	15	-		.M.D	1		-4-4-7	-Ar-17	11-10
	PHYSICIAN'S NAME (Type)	0415	6	OK HEF M	17.	14 9	90)	518	HW	MA
22	P. BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREC		22c. NAME OF CEMETERY C		22	E HOCATION	(City, tawn,	or county)	(State)
-	Surial	1/23/5	3	Dunkard Cer	netery				Wash	
23	FUNERAL DIRECTOR'S SIG	NATURE		ADDRESS		249. REC'D B	- 0	24b. REGI	STRAR'S SIGN	12 1
	Andrew K.	Coffman	H	agerstown Mo	d.	1300. Z	3.1956	1014	astt	20werr

CERTIFICATE OF DEATH

BUREAU V. E.

9961 Se 10.

DECEMENT

vend of the confidence of the

Andrea K. Colling Hageranders hd.

death.



9961 ST NO:



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. Washington IS RESIDENCE ON A FARM? YES NO Month Day Yeor 1956 IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours YES. 12. CITIZEN OF WHAT COUNTRY? Address Hagerstown i.d. INTERVAL BETWEEN ONSET, AND DEATH PERFORMED? YES I NO P (County) (Stote)

(Stote)

BUREAU V. R.

OBACEDEN

ofter death.

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The same of the sa

Williamsport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Washi ngton c. CITY OR TOWN (If autside corporate limits) write RURAL and give nearest town) RURAL-Williamsport IS RES DENCE YES NO RFD#2 Month Day Year 28 Nov 1956 AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Hours YIS. 12 CITIZEN OF WHAT COUNTRY? USA Address Williamsport RFD INTERVAL BETWEEN ONST AND DEATH WAS AUTOPSY PERFORMED? YES NO 🗆 20f. (City or town)-(County) (State) __that I last saw the deceased M, from the causes and on the date stated/above. ADDRESS (Street, city or town/state) DATE SIGNED (State) Near Clearspring 24a - REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 [4]

15M 9/55

EURLAU V. R.

996I U U

DECENAL

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11795
		11809 CERTIFICATE OF DEATH Reg. Dist. No. 312
	1.	PLACE OF DEATH o. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased I'ved. If institution: Residence before admission) o. STATE b. COUNTY
(2.		b. CLTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES \(\subseteq NO \(\subseteq \)
	3.	NAME OF DECEASED (Type or print) TERTRUSE A Middle CHANDERS DEATH Not - 18 1956
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Humale Human Months Days Hours Min.
_/	10	2. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF WHAT COUNTRY
1	13	ones bencer Dodge Mary J. Martin
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT, (M. des, give wer or dates of service) (M. des, give wer
		18. CAUSE OF DEATH [Enter only one couse per line for (0), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ATTERIO SCIEVA LIC HEAT WAS CAUSED BY: 10 Mm +
		420.0 DUE TO WITH myo cardil fally Canditions, if any, which) (6)
		gove rise to immediate code (a), stating the under lying couse last. (c)
0	CATIEN	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO SY
	L CERTIF	20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
	MIDICA	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. p. m. 19 While Not while of work
		21. I certify that I attended the deceased from 1/26, no. 1856, to 18 Nov. 1956, that I last saw the decease alive an 15 MW., 1956, and that death accurred at 145 MM, from the causes and an the date stated above.
j		ACTUAL F F Justy M.D. 230 N P. W. M. Stole) ACTUAL SIGNATURE T Justy (18/12)
٧		PHYSICIAN'S F. F. LUSby Hagerstonn Mg
	2	BURIAL-CREMATION, 220. DATE THEREOF 222. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) AUV. 21. 1956 OVERSONANCE OVERSONANCE L. 1956
	20	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
1	/	h

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 118: OCERTIFICATE OF DEATH

11796

			104.91	P1011 1401 -
1. PLACE OF DEATH 6. COUNTY	MARYLAND	o. STATE	ere deceased lived If institution: Residue.	
Washington b. CITY OR TOWN (If outside corporate limits, write		Virg.	Utside corporate limits, write RURAL or	airíax v
RURAL and give nearest town)				ud disa uedien iomul
Hagerstown	4 months	Alexand	ma	I DECEMBER OF
d. NAME OF HOSPITAL (If not in hospital, give stre	er ducters,	10 West Oa	15 1770	e. IS RESIDENCE ON A FARM?
1101 Woodland Way		TO West Oa	-	YES NO 🔼
3 NAME OF First (Type or print) KAT IE	Hots Lew	COLVIN	4. DATE Month OF November	27 Year 19 56
\$. SEX 6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8 DATE OF BIRTH		DER TYEAR IF UNDER 24 HRS.
Female White woo	WED DIVORCED	January 15.	1867 89 yrs 10	Pays Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	06. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign country) [12.	CITIZEN OF WHAT COUNTRY
Housewife		Alexandri	a, Virginia	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		0 10 10 10 10 10 10 10 10 10 10 10 10 10
John L. Smith		Mary K	. Cash	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	IA SOCIAL SECURITY NO. 117. I	NFORMANT	Address	
(Yes, no, or unknown) [If yes, give war or dates of service)			Colvin Alexandria	a, Va.
18. CAUSE OF DEATH [Enter only one couse per				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: A IMMEDIATE CAUSE (6)	rteriosclerot	cic Heart Di	isease.	ONSET AND DEATH
21 20 0 DUE TO				
Conditions, if any, which } 851				
gove rise to immediate				
tying couse lost.				
	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN F	PART Hot 19, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION 200 ACCIDENT WAS UNDERLYING 1 20b. D OR CONTRIBUTING 1 CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	None.			PERFORMED? YES 7 NO PE
20g ACCIDENT WAS UNDERLYING T 20b, D	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port Lor Port II of item 18.1	15 10 M
200 ACCIDENT WAS UNDERLYING 206. D OR CONTRIBUTING CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER)		- quantities of injury in a		
	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	1904 16:	
A Hour c. n. Whi	ile Not while for	tlory, street, office bldg, etc.] 207. (City of lown)	(County) (State)
p. m. 19 of w	vark at work		1	
21. I certify that I attended the dece	ased from July 2	6. 1956, to NO	ov. 27, 1956 that	I last saw the deceased
alive on Nov. 26,/ 19	56), and that death	occurred at8:001	M, fram the causes and on	the date stated above
· 1/2 L	(11)		ADDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE	100	M.D. 119 N. F	Potomac Street	11-28-56
PHYSICIAN'S R. A. Bell	, Ai. D.	Hagersto	own, Maryland.	
220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or count	y) (Stote)
REMOVAL (Specify) 11/30/1956	Ivy Hill Cem	etery	Alexandria.	Virginia
23 Studen Director's Signature ral Hom	ADDRESS	24g. REC'L	BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE)



S A MARION

Reg. Dist. No.

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Washing ton c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 421 East Suman Ave YES NO A Month Year 1956 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (in years 50 yra Monthel Days Hours 12 CITIZEN OF WHAT COUNTRY? USA Address 421 Suman INTERVAL BETWEEN ONSET AND DEATH yes. PERFORMED? YES NO TH (County) (Stote) that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 159 W. W ashinton St., Hagerstown, Md.,

W . W ashington St., Hagerstown, id.

Washington D.C.

(State)

VS A15 (4) 15M 9/55



BUREAU V. E.

. 400 S8 1620

BECEINED

ofter death. death certificate HOSPITAL 2 10 VS A15 (4)

poge Burial 23 FUNERAL DIRECTOR'S SIGNATURE

Andrew K. Coffman Hagerstown Md.

23/56

Rest

ADDRESS

Haven Cemetery

24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Rea. Dist. No.

Months

e. IS RESIDENCE

ON A FARM?

YES NO T

Year

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IF UNDER 1 YEAR IF UNDER 24 HRS

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PERFORMED? YES NO K

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12 CITIZEN OF WHAT COUNTRY?

BUREAU V. S.

996I 66 AU.

MINES

ttem 20 Film 208 12-12-56 ams CERTIFICATE OF DEATH	7.7.840
LEGIEU.AIC LE DEALE	11000
1059	leg. Dist. No. 335 =
1. PLACE OF DEATH O. COUNTY MARYLAND 1. PLACE OF DEATH O. COUNTY MARYLAND 1. PLACE OF DEATH D. COUNTY	Residence before admission)
- ASHINGION WASHING	HING-TON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	AL and give nearest town)
12000151301CC 170 47000 120CN 51301CC	
	e. 15 RESIDENCE ON A FARM?
N. MAIN ST. N. MAIN ST. N. MAIN ST. North	YES NO. PX
DECEASED	Day Year
(Type or print) MARGARET C-RAHAM DITTO DEATH NOVEMBE 5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years) 151 1 1 1 1 1 1 1 1 2 3 5 5 1 3 4 7 7 7 7 1 4 7 7 7 7 1 5 7 7 7 7 1 7 7 7 7 1 7 7 7 7 1 7 7 7 7 1 7 7 1 7 7 7 1 7 1 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7 7 1 7	
5. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9 AGE (In years IF1 lost birthday) M.	UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWED & SWORCED ST. 16.5 813-5875	
100. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if returned)	12 CITIZEN OF WHAT COUNTRY?
5 PED HUSEWIEL OWN HONE SOUTHHAMPTON	ENGLAND.
13. FATHER'S NAME	
	Kecma
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT You no, or unknown (If yes, give worr or date of service) (If yes, give worr or date	/
NONE TREDERICK K. DITTO BOOK	VSBORO MO.
19. CAUSE OF DEATH [Enter only one couse partine for (o), (b), and (c))	INTERVAL BETWEEN ONSEJAND DEATH
PART I DEATH WAS CAUSED BY. Mendeland author Rolling	Jun
= = = 10a, 0 DUE TO	1 , /
Canditions, if any, which) (b) Sukelines keeps -	1/hom
gove rise to immediate OUE TO	1 dec
lying couse lost. (c) I walter him	166429.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED?
a figure of the first of the fi	YES NO
20s. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH OF COUT OF Death OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Cot out of bed and fell	
- 最高性 T → 1 1 1 1 1 1 1 1 1 1	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Hour to millor. 26 1956 While Not while of work of work of work of work	(County) (Stote)
27 12 /	Wash Ad
21. I certify that I attended the deceased from 1956, to 401. V6, 1956, tt	hat I last saw the deceased
alive on War 16 and that death occurred at 10 15 M, from the causes and	on the date stated above.
ADDRESS (Street, city or town, stote	le) DATE SIGNED
ACTUAL MO SOONSTORO -	- 1/28/56
0 8 8 2 6	7
PHYSICIAN'S G. W. L. & Va N. NAME (Type)	
220 BURIAL, CREMATION, 1228. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or co	ounty) (State)
BERIAL NOV. 24. 1956 ST. PAULS CEMETERY INEAR CLEARS	PHINA, MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRA 24b. REGISTRA	ARS SIGNATURE
15M 9755 BAST FUNERAL HOME BOONS BORD MO DATE MUZ8 1450 JOH	um har

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BUREAU V. S.

11	70		ē	
IN DEFINITION MEDICAL EXAMINERS, Into certificate should be executed within 24 hours after death. It any area is necessary, please ex-	hould		and 2 with the registrar prior to burial, cremotion	
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any any	cut of certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund	ed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your class.	6	
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7 3	-	H	3	
2	Ü	f	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit primit. File pages 1 and 2	
100				ú

5M 9/55

j. Pi	LACE OF DEATH	Washington	a		And	2. USUAL RESIDENCE o. STATE Me	(Where dec		nst'lution:	Residence be leshing	fore admission)
b.	ond give negrest for	If putside corongale limits, write		c. LENGTH OF STAY		c. CITY OR TOWN	(If autside a	orporate limits,			·
ef.	NAME OF HOSPI	TAL OR INSTITUTION (I	f nat in hos	pital, give street address	i)	d. STREET ADDRESS					e. IS RESIDEN ON A FAR YES NO
-0	AME OF ECEASED Type or print)	Fin Jol		Middle Milto	23	los Easton	4. DATE OF DEAT		Wonth	Day	Year
5. SE		6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In year lost birthday)	on IFU	INDER TYEAR	
10a.	USUAL OCCUPATI	White ON (Give kind of work ong life, even if retired)	WIDOWES	CIND OF BUSINESS OR		April 10,1	le or foreign	n country)	yrs. 1:		F WHAT COUN
13. /	None FATHER'S NAME	Benjamin F		None in Easton		Rohrers 14. MOTHER'S MAIDEN Albe				USA	
[¥as, 1	WAS DECEASED EV	/ER IN U. S. ARMED FOI (If yes, give war or dates of s	RCES? 116.	SOCIAL SECURITY NO.	17. IN	Mrs. Ben	ຳຄຸກາຳກ		Rohr	rereril	le Md
	Conditions, if	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE, which)		Acut Epil		ornary Occul	sion				ET AND DEATH
	Conditions, if a gove rise to imme (a), stating the cause last.	DUE TO CONTROL OF THE TOTAL		Epil	epsy	r		ASE CONDITION	I GIVEN II	N PART I(a) I	9 WAS AUTOP
CERTIFICATION	Conditions, if a gove rise to imme (a), stating the cause last.	mmediate cause (a) DUE TO DUE TO DUE TO DUE TO COLUMN (b) MER SIGNIFICANT CONE Men:	tally	Epi1 ONTRIBUTING TO DEATH retarded	epsy	r	MINAL DISE		I GIVEN I	N PART I(a) I	9 WAS AUTOR
L CERTIFICATION	Conditions, if a gove rise to imme (a), stating the cause fast. PART H. OT	DUE TO DOE DOE TO DOE T	tally b. DESCRIBE	Epil ONTRIBUTING TO DEATH retarded HOW INJURY OCCUR None NJURY OCCURRED 20	epsy	OT RELATED TO THE TER	MINAL DISE	II of item 18.)	I GIVEN II	N PART I(a) I	9 WAS AUTOI PERFORMED VES NO
MEDICAL CERTIFICATION	Conditions, if cogove rise to imme (co), stoling the course tost. PART H. OT PART H. OT 20a. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH 20c. TIME OF INJU- Hour a.m. 21. I certify to death resulted ACTUAL SIGNATURE	IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO DUE TO COLUMN (b) COLUMN (c) HER SIGNIFICANT CONE Men: USE WAS INTRIBUTING (C) INTRIBUTING	tally b. DESCRIBE r 20d. ! While of wo	Epil ontributing to death retarded how injury occur None None Njury occur of work et of work emains described	RED. (En focto	NOT RELATED TO THE TER inter nature of injury in P. TE OF INJURY (Home, fa try, street, affice bidg., e none	minal Dise. art t ar Port rm, 20f. (C	II of item 18.) City or tawn) Inspection Undetermine	_ [3], lr	(County)	9 WAS AUTOR
MEDICAL CERTIFICATION	Conditions, if of gove rise to imme (a), stating the cause fast. PART H. OT 20a. EXTERNAL CA PRIMARY G or CO CAUSE OF DEATH. 20c. TIME OF INJU- Hour a.m. p.m. 21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	MAMEDIATE CAUSE (a) DUE TO DUE, which diale couse with the couse was was not replaced by the couse was not replaced by the c	telly Describe 20d. 1 While of wo af the r causes	Epil ontributing to death retarded how injury occur None None Njury occur of work et of work emains described	EBUT N RED. [Er focto Suice	not related to the ter the nature of injury in P E OF INJURY (Home, fa rry, street, affice bidg., e none ve, held an Autop cide, Hamicic	minal dise, art t ar Port con, 20f. (Con) sy , te , EXAMINER CAL EXAMINER	II of item 18.) City or tawn) Inspection Undetermine	_ ☑, Ir ed cause	(County)	9 WAS AUTOI PERFORMED YES NO (Sto

EUREAU V. R.

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VS A15 [4] 15M 9/55 I

NARYLAN	ID STAT	'E DEPARTMEN	IT OF	HEALTH-	-BALTI	MORE, 18
					T) ==	Ha mahman
	A 8	OFFICIOAT		DEATH	DT.	Hirshman

11814 CERTIFICATE OF DEATH

an 11802

		-2								
PLACE OF DEATH COUNTY Washingt	-on	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b COUNTY		e admission)				
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
RURAL ond give n		6 Yrs	Hagerstown							
	TAL (If not in hospital, give stre	et address)	d. STREET ADDRESS	•	. IS RESIDENCE					
405	Ridge Ave		405 Ride		ON A FARM? YES NO.					
3 NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day	Year				
(Type or print)	MAURICE	ELMER	FISHER	DEATH NOVEMB	er 2 19	1956 19				
5 SEX	6 COLOR OR RACE 7. MA	ARRIED TEVER MARRIED	B. DATE OF BIRTH		Months Days					
Male	(1 ± 5 ± . Q Q	WED DIVORCED	Dec 12 18	578 77 yrs	Mulitins Days	Hours Min.				
10a USUAL OCCUPATI	ON (Give kind of work done 10 rking life, even if retired)	6. KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (State	ar fareign country)	12 CITIZEN OF	WHAT COUNTRY?				
Maintenar		lag Rubber Co	Clay Hil	1 Pa.	USA					
13. FATHER'S NAME			14. MOTHER'S MAIDEN I							
Sanf	ford E. Fish		Mary J.	Pryor						
15 WAS DECEASED EVE	ER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	Addres	\$					
No		214-09-7245	Mrs Sareh L	4. Fisher 405	Ridge	Ave				
18 CAUSE OF DE	ATH [Enter only one cause per	line for (a), (b), and (c)]	Hager	stown Md.	INTER	VAL BETWEEN				
PART 1. DE		MACHELE								
1400,0	IMMEDIATE CAUSE (o) DUE TO	11	// /							
Conditions, if	3	3 years.								
gave rise to a		1 to 0	0.	0 0						
	lying cause last. (c) Attus Choice Surveyed									
PART II. OT	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	4 IN PART 1(a) 19	WAS AUTOPSY PERFORMED?				
3						YES NO				
O (IF EITHER, NOTIFE	AS UNDERLYING () 20b. D G () CAUSE OF DEATH (MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRI	ED (Enter nature of injury in	Part 1 or Part (I of item 18.)						
20c. TIME OF INJUI	Wh		ACE OF INJURY (Hame, farm sciory, street, affice bldg., etc	n, 20f. (City or town)	(Caunty)	(State)				
	kat hattended the dece	7	10 6 10 11	10/6	that I last say					
alive an	3/0 a/10	ond that death	900			w the deceased				
dive dii		?	decorred delation	_M, from the causes and ADDRESS_4Street, city or town, sto		DATE SIGNED				
ACTUAL Z	ways XXXIIIle	mar	15944Wooking	ofon St. Kaggston	in led	11/2 150				
SIGNATURE	8		. M.D. 1							
PHYSICIAN'S NAME (Type)	Philip J. Hirs	hman, M.D. 15	9 W. Washingt	on St., Hagerston	m, Md.					
220 BURIAL CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, or	county)	(State)				
Burial	L1-5- 56	Rest Haven	Cemetery	Hagerstown Wa	ash Co	Md.				
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 245 REGISTE	RAR'S SIGNATURE					
Andrew K.	cofiman Ha	gerstown Md.	\$600	6.1956 6he	11/130	were				





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11803Reg. Dist. No. 20 b. COUNTY WASHINGTON e. IS RESIDENCE ON A FARM? YES NO Z Month Day Year NOVEMBER 56 19 IF UNDER I YEAR IF UNDER 24 HRS lost bigthday) 66 yrs. Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. AdHAGERS MD. INTERVAL SETWEFN ONSET MAD DEATH

PERFORMED? YES NO

(Stote)

(County)

(State)

OLM, from the causes and on the date stated abave. DATE SIGNED

22d. LOCATION (City, fown, or county) COUN

24b_REGISTRAR'S SIGNATURE

S'ANT.

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MARYLAND	STATE DEPARTME	NT OF HEALTH-	BALTIMORE, 18
4404	C		

CERTIFICATE OF DEATH

11805 Reg. Dist. No. 30

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTWASHINGTON o. COUNTY D. STATE MARYLAND WASHINGTON MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 50 YRS. HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? SPRUCE 1028 SPRUCE ST. YES NO 3. NAME OF M ddle 4. DATE Month DECEASED ALEXANDER CHARLES GILKEY DEATH (Type or print) NOVEMBER 1956 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days MALE WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) W.S.A. FACTORY RETIRED 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WILLTAM ELIZABETH WILSON IS WAS DECEASED EVER IN U. S ARMED FORCES? 17, INFORMANT AHAGERSTOWN MD. 16. SOCIAL SECURITY NO. MRS 21 4-09-51 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cottse (a), stating the underlying cause last. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIO) 19. WAS AUTOPS? PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) DICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) Year (County) (Stote) factory, street, affice bldg., etc.) Hour a. m. While Not while at work at work Mail 192 withat I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) Richard Binford Potomac Ave. Hager town. 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ROSE HAGERS 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b_REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BARREL

VS A18 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEDTIEICATE OF DEATH

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	shington		MARYL	AND	O. SIAIL	ence (wh		d fived If institut b. COUNTY		nin to	
RURAL and give n Haparstor	wn		8 days	dî v	c. CITY OR TO		ersto	orate limits, write t	tURAL ond g	give nearest	town)
OR INSTITUTION	ton County				d STREET AC	alg by	ıklin	Street		0	RESIDENCE IN A FARM? S NO
3 NAME OF DECEASED (Type or print)	JESSE	rsi	EDWARD		HANNER		4. DATE OF DEATH	Novem		Doy 12	Yeor 1956
s sex	White	WIDOWI			August 1		00	9. AGE (In years last birthday) 56 yrs.	Months		INDER 24 HRS
Laborer	ON (Give kind of wark king life, even if retired		kind of Business or ounty Roads					ounty, 11d		S.A.	HAT COUNTRY
	James Hamne				14. MOTHER'S		ette S	ihoas			
15 WAS DECEASEDEVE (Yas, no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security no 20-09-9112		thur Ham	ner	Mer	rsersburg	, Peni	n.	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne far (a), (b), and (c).]	-1.1	V. 7 -32					INTERVA ONSET A	L BETWEEN
581,1 Conditions, if a			Ulmar	2-6	lama	Cen	stil	4,1		4	irees
gave rise to in costs (a), stating lying couse last.	the under-	1	· re Ci	1 1	1174;	<i>f</i>	1.2.	il'u-u	**	7	7 207, 4
5 CC	fullen.		ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY REORMED?
	AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED	(Enter nature of	injury in P	ort I or Por	t II of item 18.)			
20c TIME OF INJUR Hour a. m. p. m.	RY Month, Day, Ye 19	20d. If While at wer	Not while	0e PLA foci	CE OF INJURY IH ory, street, office	ome, farm bldg., etc.	20f. (Cit)	ar town)	(0	County)	(State)
21. I certify the alive an _ / _ 2 ACTUAL SIGNATURE _ /	not I attended the	deceas	and that d		1926 accurred at_	m m mayban ka	M, fran	n the causes of treet, city ar town,	and on th		
PHYSICIAN'S NAME (Type)		INFO			10000000	Ротон	AC AC			M . NWC	ARYLAND
Burial CREMATIC REMOVAL (Specify)	11/15/1	956	Rose Hill		metery		ıla	TION (City, lown, Lerstown	, Mar	yland	State)
Suter-Four	er Fillieral	Home	ADDRESS Harerstov	m,			AN REGIST		STRAR'S SIG	NATURE	

BUREAU V. S.

TEVN A. E.

996T 3. NON

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

					\cap		NT OF HEAL		TIMORE,	18	110	11.0
	_			1181	CERTIF	ICAT	E OF DEA	TH		Reg. Di	11. No.	302
	1. 1	PLACE OF DEATH COUNTY	shington		MARYLA	- 11	USUAL RESIDENCE	(Where decease	d lived if institu b. COUNT	v	hington	
		CITY OR TOWN (IF	outside corporate limi arest town)	s, write c. L	ENGTH OF STAY IN	115	c. CITY OR TOWN		rote limits, write	RURAL ond	give nearest to	own)
		laraistow d. NAME OF HOSPITA OR INSTITUTION Washingto	AL (If not in hospital, gon County H	ive street oddre osnital	3 weks		d. STREET ADDRESS	S	reet		ON	RESIDENCE I A FARM?
	3.	NAME OF DECEASED (Type or print)	FRENCH	eł .	ALICE		HAUCH	4. DATE OF DEATH	Novem	mm ber	81	Year 19 56
	5 ! L'	emale	6. COLOR OR RACE White	7. MARRIEDE		2.7	pate of Birth	09	9. AGE (In years lost birthday)	Months	Doys Hou	NDER 24 HRS
	10a	. USUAL OCCUPATIO during most of worki Housewife	N (Give kind of work oing life, even if retired)	ione 10b. KIND	OF BUSINESS OR	INDUSTR	Cumber	tote or foreign c	ountry)	12. CI	U.S.A	
	13.	FATHER'S NAME					4. MOTHER'S MAIDE					
1	15	WAS DECEASED EVER	es Price A	CES? 16. SOCI	AL SECURITY NO.	17. INFC		ertha Ti		dress		
1)	1	(no. or unknown)	If yes, give war or dutes of si	unkr	nown	Ear	1 M. Haug	h Hage	erstown,	Maryl	and	
			TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		(a) (b), and (c).]	na	of Rth	me + h	cadeodin	···	INTERVAL ONSET AN	BETWEEN ND DEATH HCO.
		4X Conditions, if an	DUE TO		Torcema	- 1	cettros	0			10	Mo.
		gove rise to in codse (a), stoling to lying couse lost.	nmediote (Pus 70			U						
Q	CATION		ER SIGNIFICANT CON		RIBUTING TO DEAT	H BUT NO	T RELATED TO THE TE	ERMINAL DISEAS	E CONDITION G	IVEN IN PAR	PER	S AUTOPSY FORMED?
	CERTIF	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESCRIBE	HOW INJURY OCC	URRED. (Enter noture of injury	in Port t or Por	t II of item 18]			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While	Y OCCURRED 26 Not while of work	PLACE foctor	OF INJURY (Home, , , street, office bldg.,	farm, 20f. (City etc.)	or town]	(1	County)	(Stote)
		"h /	it attended the	16		/ Y	19 J tor				last saw th	
		olive onl	N. O.	12 3 0	,,, ond that d	eath o	corred ot	ADDRESS (S	lreet, city or lowe	, stote)		DATE SIGNE
)		SIGNATURE PHYSICIAN'S	Offerman	vi.	7 * 70	M.E	159 W. I					wn 11/
	220	NAME (Type)	Phillip J. I		. NAME OF CEMETE		W. Washi		Hage Hage			
	L	REMOVAL (Specify)	11/21/19	56	Ft. Ashb				Ashby,		Virgin	ia.
		FUNERAL DIRECTOR'S ULBY-LOUZE	er Funeral	Home	ADDRESS Hagers to	wn, N		7.23.19	TRAR 24b, REG	ALL T	GNATURE	ers

BULLEAU V. C.

VS A1S (4) 15M 9/55

	MARY			ENT OF HEALTH	I-BALTIMORE,	18	1211
		118	CERTIFICA	ATE OF DEATH	4	Rea. Dist. N	1011
1. PLACE OF DE	ATH ngton		MARYLAND	2. USUAL RESIDENCE (Who of STATE	nere deceased lived If institute b. COUNT Washing	tion: Residence be	
b. CITY OR T	OWN (if outside corporate limi	ts, write	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write		nearest town)
Hag	erstown		25 Mos	Hagerst	town		
OR INSTIT	HOSPITAL (If not in hospital, solution ok Memorial			d. STREET ADDRESS	gia Ave		e. 'S RESIDENCE ON A FARM? J
3. NAME OF DECEASED (Type or prin	STANLE!		Middle	HURD	4. DATE MO DEATH NOV 22		Day Year
5. SEX	6. COLOR OR RACE	·	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)		AR IF UNDER 24 HRS.
Male	White	WIDOW	D X DIVORCED	Feby 21 18	383 73 yr	Months Days	s Hours Min.
10a USUAL OC	UPATION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12 CITIZEN	OF WHAT COUNTRY
	t Maker Ret:			near Mye	ersville Md	USA	A
13. FATHER'S NA				14. MOTHER'S MAIDEN N		•	
Wi	lliam Hurd			Lau	ira Marker		
	SEDEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	NFORMANT		dress	
No	(11 yes, give wor or dates of t		14-14-6681 M	liss Naomi H	furd 1047 Ge	orgia /	Ave
	OF DEATH [Enter only one co	use per li	ne for (g), (b), and (c).)	Hagers	town Md.		TERVAL BETWEEN
PAR	I I. DEATH WAS CAUSED BY:	o 1	R Leune aton	a arrhitio	,	0:	NSET AND DEATH
gove rist codse (o). lying cou	ns, if ony, which are to immediate but to to the state of)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INALDISEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTOPSY
ATIO	/	2000	4 Ta Chance	tinh	() A	den	PERFORMED?
OR CONTRI	ENT WAS UNDERLYING D BUTING D CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I			
	F INJURY Month, Doy, Ye o. m. p. m. 19	ar 20d. II While at wor	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	n, 20f. (City or town)	(Count	ly) (Slote)
alive an	Faul Harri	L. 12	on m5	m.o.	P.M., fram the causes ADDRESS (Street, city or town	and an the a	DATE SIGNE 11-23-56
220. BURIAL, CI	EMATION, 225. DATE THERES		Rest Haver	Cemetery	22d. LOCATION (City, town, Hagerstown	707	Co Md.
23. FUNERAL DI	RECTOR'S SIGNATURE		ADDRESS	249. REC'	O SY REGISTRAR 245, REG	ISTRAR'S SIGNAT	2 0
Andrew	K. Coffmin	Hag	erstown Md.	1950.	26/1956 674	24/12	severe

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

SECEINED SE

RUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11882 CERTIFICATE OF DEATH I director, filed with I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY a STATE b. COUNTY MARYLAND MARGLAND WASHINGTON WASHINGTON eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) è RURAL and give negrest town) 1 the fune should ILE GOVS. VILLE WREKS EEDVSVIL d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE 15:50 ON A FARM? MAIN YES NO TE NIAIN pup 0 NAME OF Middle Last 4. DATE Month Day Year DECEASED OF DEATH (Type or print) CERTRUPE Pages 1956 VIONEMBER SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months DIVORCED | WIDOWED [papers. TEMALE ~16.23° WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? pup VILAZO HOME NVERSULLE FRED, CO. INID. U.S. HOLLE YVIED after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address MR. HARRY TEEDVS VILLE NONE 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and [c] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: 4,16262. IMMEDIATE CAUSE (o) 155X **DUE TO** Conditions, if any, which (b) gave rise to Immediate per **DUE TO** cosse (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 CERTIFICATION PERFORMED? 0 YES 🗍 NO 20g. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, PLACE OF INJURY (Home, form, Month. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) Hour a.m. factory, street, office bldg., etc. While Not while 19 at work of work p. m. 21. I certify that I attended the deceased from Characteristics Ethat I last saw the deceased alive an and that death occurred at M, fram the causes and on the date stated above, ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE ъ Walter F. hau PHYSICIAN'S Shealy Sharps NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) Page BEMOVAL (Specify) EMET 245. REGISTRAR'S SIGNATURE 23. FÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR VS A1S (4) JOENSBORO 15M 9/5S

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9501 V

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
•	CERTIFICATE OF DEATH Reg. Dist, No. 302	
filed with	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Refidence before admission) b. COUNTY b. COUNTY	
be be	b CITY OR TOWN (If ourside carpetite limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)	_
s after	d NAME OF OSP TAL (If not in hospital, give street address) OR INSTITUTION ON A FARM YES NO	? ,
n 24 hour	3 NAME OF DECEASED (Type or print) SUE ANN INGRAM. 4. DATE Manth Day Year OF DEATH // 15 195	6
pletely full	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED C/// 56 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Doys Hours Min	Territoria de la constitución de
ond com bon pope or death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY A BIRTHPLACE (State or foreign country) (NFANT) 12. CITIZEN OF WHAT COUNTRY	TRY?
5 5 5	13. FATHER'S NAME HOWARD L. INGRAM 14. MORHER'S MAIDENTINAL TOTAL	
th certification and a series of the series	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Howard L. Sygnadises. (1 lenk Ca.	
the decorate attendent plea	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) B RONC HOPNEU MONIA INTERVAL BETWEEN ONSET AND DEATH	1
es that I	Conditions, if any, which)	
requires	gave rise to immediate couse (a), stoling the under lying couse last. (c)	
physicie physicie nos Been iol-trons novol, o	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES \(\sigma \) NO	_/
the burner or ren	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC of the state of the stat	20c, TIME OF INJURY Month, Day, Year Not Mile Not while of work of wor	le)
ENDING he hospi R: Aft oched fo buriol, c	21. I certify that I attended the deceased from 11/14/ , 1956, to 11/15/ , 1956, that I last saw the deceased alive on 11/14/ , 1856, and that death occurred at 12:05AM, from the causes and an the date stated about	ised ave
OR ATT	ACTUAL SIGNATURE a. M. Bacon Jr M.D. 302 N. Potomac - HALERS TOWN 19	NED /15/5
	PHYSICIAN'S A. M. BACON, JR.	
moy ro Fu poge the res	(Surra Bocity) 11/17/56 Sample Many Samples Mans. Md.	
VS A15 (4) 15M 9/55	Abrada Zackles tarpen fung W. Va. 200 17.1956 Chast Bowers	/
TO HOSPITAL MOY TO FU Poge 3 should the registror	220 FURIAL CREMATION, 226. DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY 220 LOCATION (City, town, or county) (State)	

BUREAU V.

7 67 AOI.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

950: A COMMON TO SERVICE OF SERVI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1822	CERTIFICATE	OF DEATH
1 × / /		

12977 Reg. Dist. No. 362

1. PLACE OF DEATH ø. COUNTY ,√a	shington	MARY	II & STA	RESIDENCE (Where d	deceased lived If institute b COUNTY	on. Residence before Washingto	odmission) ON
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits,	rile c. LENGTH OF STAY	IN 16 c. CIT	OR TOWN (If outside	e corporate limits, write R		
d NAME OF HOSPITA	AL (If not in hospital, give	street address)	d. STI	EET ADDRESS			. IS RESIDENCE
535	Brown Ave.			535 Brown	Ave.		ON A FARM? YES NO
3. NAME OF	First	Middle			DATE Mon		Year
(Type or print)	John	C C	Kelle		OF 1		19 56
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRI	ED 🔲 B. DATE OF	BIRTH	9. AGE (in years lost birthday)	Months Days	
male		IDOWED DIVORCE		29, 1880	lost birthdoy) 76 yrs	Months Days	Hours Min
10a. USUAL OCCUPATIO	N (Give kind of work don- ng life, even if retired)	106. KIND OF BUSINESS C	R INDUSTRY 11 BI	RTHPLACE (State or for	reign country)		WHAT COUNTRY
retir	7	marble cutte	er	Wash. Coun	ity	U.	S.A.
13. FATHER'S NAME			14 MOT	HER'S MAIDEN NAME		,	
	Thomas I. Ke	eller		Florence F	ouke		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO	. 17. INFORMANT		Add	ress	
(Yes, no, or unknown) (f yes, give war or dates of service	*)		ie Keller	Hagerstow	n Md	
	na fe-t	1214-00-3331		Te verrei	nager scow		
1 1	H WAS CAUSED BY:	per line for (o), (b), and (c).	ı			ONSE	TAND DEATH
	IMMEDIATE CAUSE (0)						
	DUE TO			1 7	VI A	-	114.
Conditions, if an		inux	fel	who	Mary 1	2 cm	1/2.
couse (o), stoting t		او			,		//
lying couse lost.) (c)_						
PART II. OTH	ER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DE	ATH BUT NOT RELAT	D TO THE TERMINAL	DISEASE CONDITION GIV	EN IN PART 1(0) 19	. WAS AUTOPSY PERFORMED?
3							YES NO
PART II. OTH	UNDERLYING 200	DESCRIBE HOW INJURY O	CCURRED, (Enter no	ure of injury in Port I	or Port II of item 18.)		
	MEDICAL EXAMINER)						
20c. TIME OF INJURY Hour o. p.	Month, Day, Year	20d. INJURY OCCURRED	20e. PLACE OF IN		F. (City or town)	[County]	(Stole)
Hour o, p, m, p, m,		While Not while	foctory, street,	office bldg., etc.)			
			1- 1600	1/-	- 34 - 4	/	
1 1	at I attended the de	- i ai /		, 10_/		Lithat I last say	
alive on		1920 and that	death occurre		, fram the causes a		
ACTUAL 6	1 51 1 A	175	e -	ADOR	IESS (Street Sity or lown,	state)	DATE SIGNED
ACTUAL SIGNATURE	1000	and the same	M.D.	Total S	134500	12-4	
PHYSICIAN'S NAME (Typo)	Sec. 1	Citto		-31.	12. 2.	4	
220. BURIAL, CREMATION	, 225. DATE THEREOF	22c. NAME OF CEM	ETERY OR CREMATO	RY 22d.	LOCATION (City town, e	or county)	(Stote)
REMOVAL (Specify)	12-1-56	Rose Hi	11	(Hagerstown	•	Md.
23. FUNERAL DIRECTOR'S	SIGNATURE	ADORES\$		24g. REC'D BY	REGISTRAR 24b. REGIS	TRAR'S SIGNATURE	
Fred W. Kra:	iss Hagers	town, Md.		Arma /	1951 Kla	14/32	- sephi

VS A15 (4) 15M 9/55



BULLAU V. S.

DEC 2 In C

Reg. Dist. No.

Day

Months

IF UNDER TYPAR IF UNDER 24 HRS.

Hours

W. Va.

INTERVAL BETWEEN ONSET AND DEATH

Jeff. Co.

days

WAS AUTOPSY PERFORMED?

(Stote)

YES NO

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM?

YES K NO

Year

19

56

DATE SIGNED

(State)

11-17-56

(County)

22d. LOCATION (City, town, or county).

Shepherdstown

Va. 24b. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son

11-17-56

REMOVAL (Specify)

Hagerstown

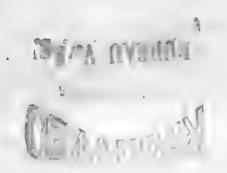
ADDRESS

Elmwood Cemeterv

24a, REC'D BY REGISTRAR

VS. ALSME(S) 5M 9/55

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11817

I	tem 20 Fil	In G207	DICA	LEXAMINER	'S CERTIF	ICAT	F OF	DEATH			110	
T	tem 21 Fi	lm G207 12/	5/50	GE ST	094				Reg. [ist. No	. 30	12
I.	PLACE OF DEATH a. COUNTY	Washingt	ton	主王 Marylan	O STATE	W. VE		ed lived. If institu b. COUNT		lence bei		asion)
	b. CITY OR TOWN	Ill autside corporate limits, writ	# RURAL	c LENGTH OF STAY IN 1	b c. CITY OR	TOWN (If	autside corp	porote limits, write	RURAL on	d give n	earest tov	vn)
		stown		7 days	She	ephers	sdtown	1		HE W	X	ann's
		tal or institution (ashington Co	-	oital, give street oddress) Hospital		d. STREET ADDRESS R # 2						
3.	NAME OF DECEASED	Fiz	pl .	Middle	Last		4. DATE	Month	1	Day	Ye	807
	(Type or print)	St	anley	William	Kidwe	11	DEATH	Nov.	22		15	9 56
5.	SEX	- 1	7. MARRIE	D A NEVER MARRIED	8. DATE OF BIRTH			9. AGE In years fast birthday			IF UNDE	
L	Male	White	WIDOWED	DIVORCED [Dec . 27	,1913	5	42 yrs.	Months	Doys	Hours	Min.
160	during most of work	ing life, even if retired)		IND OF BUSINESS OR IND					12. CI1	USA	F WHAT (COUNTRY?
122	. FATHER'S NAME	orer	a.p.	ple Picking	Big 14. MOTHER'S	Sprin	gs. M	d		OUR		
'		homas C. Ki	dwell				L. Sm	ith				
15	WAS DECEASED E	VER IN U. S. ARMED FO	RCES2 16. 9	SOCIAL SECURITY NO. 117	. INFORMANT			Address				
(Ye	i, no, or unknown) N O	Ilf yes, give war or dates of	service)		Mrs. Va.	Benne	r- Si	ster- Sha	arpab	urg	Pike	
F		ATH [Enter only one co	ne per line f					- Hag	<u>seret</u>	own,	IVA. BETWE	V : Bho
		ATH WAS CAUSED BY:		ddetelddyded)		אינאינא אינאינא	2 / a/ a/ a/ 2 / 2 / 2	L		ONSE	ET AND DEA	ти
		IMMEDIATE CAUSE (o		senia Trioxí			KRAPKI	74				
	Conditions, If			Seura ilitori	de l'Olson	THE						
	gave rise to imm	ediate couse										
Ш	(a), stating the couse last.	underlying (c										
CERTIFICATION	PART H. OT	THER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BL	IT NOT RELATED TO	THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PAI		9. WAS A PERFOI	RMED?
TER	20g. EXTERNAL CA	LUSE WAS 2	b. DESCRIBE	HOW INJURY OCCURRED	. (Enter nature of in	ury in Port	I or Port II	of item 18)				
	CAUSE OF DEATH	INTRIBUTING L.		ngwestion of								
MEDICAL	20c. TIME OF INJU				PLACE OF INJURY (F	tome, form,	20f. (City	or town)	{Co	unty)		(Stote)
MED	NOOR m	Nov. 1119	56 While	k ot work	at home	prog , erc.)	Rura	al- Sheph	ersd	town	W.Vs	9.
	21. I certify t	hat I taok charge	af the r	emains described a	bave, held an	Autapsy	x, Ir	spectian 🔀,	Inqui	гу 🔲	, and f	ind that
	death resulted], Accident [],	ovicide □, H	omicide	X, 10,	hdeletshihjed k	data i	3 .		
	ACTUAL SIGNATURE	Robert	w.	ella	M.D.		AMINER []				DATE S	IGNED
L	EXAMINER'S NAME (Type)	S. Rober		a, M.D.			L EXAMINE XAMINER P	-	11-	-23-	56	
220	REMOVAL (Specify BUTLE	ON, 226. DATE THEREC	56-	22c. NAME OF CEMETERY Shank Tow			22d LOCA	TION (City, town, o	WAB	1]	Md •)
23.	FUNERAL DIRECTO			ADDRESS		240. REC'D	BY REGIST		TRAR'S SI	GNATUI	RE	.1
L	Scott 1	F. Minnick &	& Sons	Hagerston	n Md	Mer.	27.19	56 6ha	141	20	we	re

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5M 9/55

Ita	em 20 Til	m G207 Lin	LAND	STATE DE		NT OF H		-	DEATH	18	1	18	18
T	c= 21 Fil	lm G207 12/	5/36	AFF	4499	5				Reg. D	ist, No	. ~	02
I.	PLACE OF DEATH				Tron				ed lived. If institut				ission)
		Washingto	on		MARYLAND	o. SINE	st 7	/irgi	nia b. COUNT	Jef:	fer	son	
1 1	on CITY OR TOWN	(If outside corporate limits, w	rite EURAL	c. LENGTH (OF STAY IN 16	c. CITY OR	TOWN (IF	outside corp	porote limits, write	RURAL on	d give n	earest to	wnj
	7.7	erstown		ld	ay	Rure	al Sh	lephe	rdstown		· X	. 3	
1	NAME OF HOSP	ITAL OF INSTITUTION	(If not in h	ospital, give stre	et address)	d. STREET A	ADDRESS					m. tS RI	ESIDENCE A FARM?
	Washin	gton Cour	ity H	ospita.	1] NO [
3.	NAME OF DECEASED		First	N	Niddle	Last		4. DATE	Month		Day	Y	100
	(Type or print)	Thomas		John	Kid	well		DEATH	Nov.	15		1	9 56
5. 1	SEX	6. COLOR OR RAC	E 7. MAR	RIED NEVER	MARRIED 10 8	. DATE OF BIRTH	ı		9. AGE (In years lost birthday)	IF UNDER			ER 24 HRS.
	Male	White	WIDOW	ED DIV	ORCED []	May 10,	, 195	55	1 yrs.	Months	Days	Hours	Min.
10a	USUAL OCCUPAT	ION (Give kind of working tile, even if retired	k done 10b.	KIND OF BUSIN	VESS OR INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign c	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
	Non	e	"			Charl	Lesto	own W	. Va.				
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	RAME					
		William	S. K	idwell			Hele	en Lo	veless				
15.	WAS DECEASED E	YER IN U. S. ARMED I	ORCES? 1	S. SOCIAL SECUR	RITY NO. 17. H	VIORMANT			Address				
1	No	In let, give war or doler	or service;	-	Mr	s. W. S	5. Ki	dwell	Jeff.	Co.	W.	Va.	
	18. CAUSE OF DE	ATH [Enter only one o	ause per lin	e for (o), (b), on	d (c).]			U.11 O.E.			INTER	RVAL BETWE	EN
	PART I. DE	ATH WAS CAUSED BY	ich	MARKE	147441	handand!	1.244	1/201	c report		ONSI	I AND DE	NICE .
	1	DUE TO					<u> </u>	CANA T			-	dan	4.0
	Conditions, if	A7-6-3	5)	Arsel	ic Pois	ourng					,	day	B
	gave rise to imm	ediote couse						-					
	(o), stating the couse last.	unduriying .	[c]										
Z	PART II, O	THER SIGNIFICANT CO		ONTRIBUTING	O DEATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY
CERTIFICATION		Active Tic	lung	s and li	ver							PERFO	NO 🗌
IFIC	200 EXTERNAL CO	AUSE WAS	20b. DESCR	BE HOW INJUR	Y OCCURRED. (E	nter noture of in	jury in Port	l or Fort II	of item 18.)				
E	CAUSE OF DEATH	I.	Ir	jesting	of food	d or liq	uid						
MEDICAL	20c. TIME OF INJ	URY Month, Day, Y			RRED 20e PLA	CE OF INJURY (H	Home, farm	20f. (City	r or town)	(Co	unty)		(State)
VED1	Hour och	X Nov. 11	956 Wh	ile Not wh		t home	bldg., etc.	Rur	al- Sheph	erds	town	Jef	ferso
1		that I took charg					Autons						
		d from: Natura										, und	mind man
		744 -5 -	4	ייין יידון. אייניידון	7.702		omici		indetermined e	d030	1'		
	ACTUAL	10 HON	nel	lla		M.D. CHIEF N	AEDICAL EX	AMINER [DATE S	IGNED
	SIGNATURE 2	. 2 000 ;				_M.D.		AL EXAMINE	RI				
	EXAMINER'S NAME (Type)	S. Rob	ert W	ells, M.	.D.			EXAMINER #	_	11-	17-	56	
220		ION, 226, DATE THER	EOF	22c, NAME O	F CEMETERY OR				TION (City, town, o			(State	-1
	REMOVAL (Specif	226. DATE THER	7-56	Elmwo	1 -	etery			epherds		1 14		8.
	FUNERAL DIRECTO		. ,,,	ADDRESS		7	24a, REC'I	D BY REGIST				-	CC 6
1 5	Scott F.	Minnich	& S	on Ha	g. I	Id.	7500	(20.19	1 0-0	ask	43	reas	est

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11825 CERTIFICATE OF DEATH Reg. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Washington MARYLAND Maryland Washington death. unerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and g've Fergret ova B t OWn day d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Myersville. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? X REMARKS TO THE Washington County Hospital YES KO NO NAME OF Middle 4. DATE Last Month Day DECEASED (Type or print) DEATH Poges Jaffary Kline 1956 TAKE THE Nov. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Male White Months Doys August 18.1956 WIDOWED | DIVORCED [7] papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. uo I Waynesboro, Penna none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (S Erma Wolford Richard C. Kline 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address C. Kline, Myersville. Richard none 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO NSFUSION REACTION permit. Conditions, if any, which] gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPS PERFORMED? YES NO ne 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour a. m. Not while at wark at work p. m. OV. 27, 1956, to NOU 28, 1956, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 7 P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, stole) ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) St. Mark's Luth. Nov.30 Wolfsville Fred Co. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE Bittle Mversville. Md

BUREAU V. S.

DEC V 1 PP

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may stained by the haspital or attending physician.

2 FU. At DIRECTOR: After this certificate has been a gned by the attending physician and campletely fill the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to buriol, cremation, ar removal, and in any event within 72 parts after death. TO FUZ

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24,

6	1	1
1		

ours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11827 CERTIFICATE OF DEATH

11820 Reg. Dist. No. 302

2.0	LACE OF DEATH		11					
1 6	LACE OF BEATH		2. USUAL RES	IDENCE (Where decease			fore admission	n)
	Washington	MARYLAND		Ld.	b. COUNTY	Fred.		
I	CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside corp	orale limits, write f		earest town)	
	Hagerstown	3 days	TRI	ural Smith	aburg			
	t. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d STREET				e. IS RESID	ENCE
Τ.	OR INSTITUTION	-					ON A F.	ARM?
-	<u> Mashington Co. Hospit</u>	a	<u> </u>				YES-	NO []
	NAME OF FIN	Middle	1 / 1 lo	st 4. DATE	Mor	ith [Day Ye	10
	Type or print) = + mo. 3+ Y	extord	nuh-	OF DEATH	• 11	2	5 19	5 6
5. S	EX 6 COLOR OR RACE 7. MARR	HED ENEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years	IF UNDER TYEA		
l m	nale white widowe		8/30/	1891	last birthday)	Months Days	Hours	Min
						12 CITIZEN	OF WHAT C	CHAITOV
	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)			or the (state or torong).				CONTRIC
]	0.2.1.2	farm		<u>'aryland</u>		U.	S.	
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME				
	John E. Kuhn		lla	rtha Swor	ne			
15.		SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		
	no. or unknown] {If yes, give wor or dates of service}	15-36-6760 Tr	s. Gold	lie Kuhn.	D	1	3.0	7
			S. GOTO	le Kuhn,	nural	mi thbu		-
	18. CAUSE OF DEATH [Enter only one couse per lin	ie for a; (b), and (c).]	1 /	11.1 1		. / O	TERVAL BETV	VEEN EATH
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	al Cucisti	alcinys.	hetro/inte	nin: Deme	- Lynderme	1 30	4.14
	HY 15 % DUE TO	7	1 1	1		1	,	
H	Conditions, if any, which)	for realing	Atom	1 reducition	A-70 .		, 1	*
	gove rise to immediate	1 - 7.	- F	re regime , and			with	
ы	couse (o), stoling the under-							
l l	lying couse last. (c)							
ΙŠΙ	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	EN IN PART I(o)	19. WAS AU	TOPSY
I₹I							PERFORA YES 1	
ΙĔΙ	20g. ACCIDENT WAS LINDERLYING TT. 20b. DESC	CRIBE HOW INJURY OCCURRE	FD. (Fater polyre /	of injury in Part Las Pa	et II of Jam 18)		100	40 LJ
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Part of the state	ED. (EIIIOI IIEIOTA (n mpay m ratt to ro	THE HELL TO.			
⊵	The state of the s		LACE OF INJURY Inches, office	Home, form, 20f. [Cit	y or town)	(County	/)	(Stote)
MEIICAL	Hour a, jr, p. m, 19 at work		ociony, sineer, orne	s drog., alc.,				
		15 12 23		1 1				
Ш	21. I certify that I attended the decease	. /	, 19. <u>2.6</u>	_, 10// /	19.4	_,that I last	saw the d	e ceas ed
ı	alive on // /-/	, and that death	h occurred at	X.32 PM, fra	m the causes o	and an the d	ate stated	abave.
	17 41	11	4		street, city or lown,			SIGNED
ш	SIGNATURE SAME LES	All routh the	un 7731	Lell Her.	· .	11	1211	56
ш	ata i anta de		m.v. inches				- The fair	- K
Ш	PHYSICIAN'S NAME (Type) Dr. Kenneth C.	Henson		Madan.		3.6.3		
225				Niddle		<u> Md</u>		
240.	BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C			TION (City, town,		(State)	
<u> </u>		Mt. Carmel	E.U.B.	Cem	rederic	k Co.,	rid/	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		240 REC'D BY REGIS	TRAR 246 REGU	NERAR'S SIGNATI	IRE	
	Gladhill Co. Middle	town, Md.		1001/30.1	956 /64	esttx3	seugs	21

R. Y UALL

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1	1			MAF	YLAND	STATE	DEPART	MEN	T OF HEALTH	H-BAL	TIMORE, 1	8 <u>-</u>	1941-
		te	r 18 Fil	r. 208 12-	12-56	تتاتنا			OF DEATI			Reg. Dist. No	304
ye A with	-	i. Pi	ACE OF DEATH		, 1	100)——	2.	USUAL RESIDENCE (W	here decease	d lived. If institution		
h. Page 4	-1	0.	COUNTY	Washing	on		MARYLANE	1 11	o. STATE	W	ashingt	on	
death.	7	Ь.	CITY OR TOWN RURAL and give	(If outs de corporate		c. LENGT	H OF STAY IN 16		c. CITY OR TOWN (If				corest (own)
ofter de the fune should is	< [9.0	ncock		Li	fe		Rural	Hanco	ck Md.		,
offe shows	4	d	OR INSTITUTION	ITAL (If not in hospi	al, give stree	t address)			d. STREET ADDRESS				e. IS RESIDENCE
ind 2	-	_		Home									YES NO
-		0	AME OF ECEASED	26	First	_	Middle	*	Last	4. DATE OF	Mont		lay Year
Pages		(1 5. SE	ype ar print)	I 6. COLOR OR RA	Ollie	- 07	lizabet	7	Landers ATE OF BIRTH	DEATH	7.1	22	2 19 56 R IF UNDER 24 HRS
A September 1). ŞE			WIDOV	_	VER MARRIED DIVORCED	May	-00-		lost birthday)	Menths Bays	Hours Min.
completely papers. Page	-	Qa	USUAL OCCUPAT	ION (Give kind of w				410	11. BIRTHPLACE (Stote	or foreign co	ountry)	7 67	OF WHAT COUNTRY
d com	7		during most of wo	Factory	tired)	Oper			Washing	. ~			5.A.
ion and garban after de	″ i		ATHER'S NAME	1 40001		0,002		14	. MOTHER'S MAIDEN I		ourre,	0 0 0	7 6 22 8
physicion move con hour afti			Shaffe	r Reel					Fannir	e Bry	an		
physic emove hour	Ī	5. V	VAS DECEASEDEN	ER IN U. S. ARMED		. SOCIAL SE	CURITY NO 17	INFO			Addre	953	
offing I	3		No		2:	<u> 15-05</u>	-7425	Cl:	ifford B	Lande	rs Rura	l l Har	ncock Md
death ce tending please re rithin 72		1		ATH [Enter only or		line for (o),	(b) and (o)]		1	-		ON	TERVAL BETWEEN
e off		1		ATH WAS CAUSED	BY: SE (o)		6.11	(1	ME You	CL R	etro peri	tonea 2	12774
that the true to the true the true the true true true true true true true tru	1		158		E TO								,
ony in it			Conditions, if	immediate	(b)		involvi:	ng II	esentery &	surro	unding ti	ssue	
d in the			catse (o), stating	Ine Under-	E 10								
een seen sand		z		<u> </u>	(c) CONDITIONS	CONTRIBUT	ING TO DEATH B	UT NOI	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIVE	N IN PART I(a)	19. WAS AUTOPSY
ovel ovel	2	CATION		-			1						PERFORMED? YES NO 7
rem rem	- 1		200 ACCIDENT V	VAS UNDERTYING	20b. DE	SCRIBE HOV	A INTRIA OCCUR	RED. (E	nter nature of injury in	Part I or Part	t II of item 18)	1	
SIAN thend iffice iffice the				G CAUSE OF DE	ER)								
TYSK or of cert cert orior		MEDICAL	Oc. TIME OF INJU		Year 20d. While	ENJURY OCC		PlACE (factory,	OF INJURY (Home, form street, office bldg., etc	20f. (City	r ar town)	(County)) (Stole)
this this man	-	¥	p.fm			ork at wa		r J	<u></u>	1.		/	
ol, o		į.	21. I certify	that I attended	the decea	sed from,	4[[1]	£	., 19 <u>59</u> Ia	142	19.56	Zthat I last s	ow the decease
ENT he he he tach buri			alive an		7, 19.	36.	and that dea	th oc	curred at				ate stated above
P d d d d d d d d d d d d d d d d d d d			ACTUAL	2/3/27 10	Tha	11,	5		1/17	AUURESS (SI	treet, city or town, s	in k	DATE SIGNE
Prior D		1	IGNATURE	2 4 7 7		16.	, ,	M.D.			italiangeleel.		11/40/
rA.		- 1	PHYSICIAN'S NAME (Type)	Ha.	1666	0/5	, 126	<u> </u>					
S S S S S S S S S S S S S S S S S S S			BUR AL, CREMAT		EREOF	22c. NA	ME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, Iown, a	county)	(State)
poge the m			ERCH LEL	111.20	5.56	St	Peters	Cai	holic C.	Hane	Cole Wool		
7 7	1	23. F	UNERAL DIRECTO	R'S SIGNATURE	2	ADD	RESS		24a. REC	D BY DEGIST	RAN ZUB. REGIST	AA STAN	RE NICI
VS A15 (4) 15M 9/55		4	truck	al of	SVIA	Da9 1	VELDOZ	ad	TAL DATE	71/3	6 10	1 / Y	11/161

DECENTED 1946

BUREAU V. S.

VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 1	8

1182S CERTIFICATE OF DEATH

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11822

		1.1	ರ್ಷ೨ CERTIF	ICA	TE OF DI	EATH	1		Reg. Dist	No.	302
1. PLACE OF DEATH o. COUNTY			MARYL		2. USUAL RESIDE o. STATE			lived. If instituti		before o	dmission)
	hington						vanja		Frank	- and deliger in	
b. CITY OR TOWN (If RURAL and give nec	outside corporate limi	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR TO	WN (If o	utside corpor	ote limits, write R	RURAL and gr	ve nearest	town)
Hagerstown			2 weeks		Chaml	perst	ouge			#1 458	na4
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street (oddress)		d. STREET ADI	DRESS				e 15	RESIDENCE
Washing	ton County	Hosp	ital		79 Rola	and A	lve.				S NO FARM?
3 NAME OF DECEASED	fir	st	Middle		Lost		4. DATE	Mor	nth	Day	Year
(Type or print)	CATHAR	INE			LANDIS		OF DEATH	Novemb	er 23		1956
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	図 8	DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF	UNDER 24 HRS
Female	White	WIDOWE			February	28,	1875	lost birthdoy)		Days H	ours Afin
10a. USUAL OCCUPATIO	N (Give kind of work	fone 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLAC	CE (Stote	or foreign co			ZEN OF W	HAT COUNTRY
Housekes	ng life, even it refired)						ty, Penn	I II.	S.A.	
13. FATHER'S NAME	,501				14. MOTHER'S M			0,, 10111	0.0	D 021	
1	ohn L. Lan	430						Lehman			
15. WAS DECEASED EVER				1.9 184	FORMANT	Cau	Tarrine				
(Yar no or unknown) ()	t yes, give war or dates of s	CEST 16. :				70.4	. 7 (1)	Add			
no			none e for (o), (b), and (c)]	He	nry Frey	rec	o L UI	iambgrsb	urg, P	ennsj	rlvania
Conditions, if an gove rise to im couse (a), stating to lying couse tost. Part II. OTHI	he under-	DITIONS C	ONTRIBUTING TO DEAT	H BUT N		HE TERMII			VEN IN PART	P	VAS AUTOPSY ERFORMED?
PART II. OTHE	S UNDERLYING DEATH MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OCC	CURRED.	(Enter noture of i	njury in P					3 10 L
ZOC. TIME OF INJURY Hour a. js. p. m.	Month, Day, Yes	While of work	Not while	Ge. PLA:	CE OF INJURY (Ho pry, street, office b	me, farm, ldg., etc.	20f. (City	or town)	(Co	ounty)	(State)
21. I certify the alive an	at I attended the	decease _, 19 3		leath	.0. 21	734	M, fram	the causes of the city or town, when y	and an the	st saw e date s	the deceases stated above DATE SIGNED
PHYSICIAN'S NAME (Type) Edin			111, M.D		217 W.	Wa	shing	ton St.	Ha	zers	town.
220. BURIAL, CREMATION PEMOVAL (Specify)	, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR				ION (City, fown,			(Stole)
REMOVAL (Specify)	11/26/1	956	Lennonite	Cer	netery		Char	bersburg	, Peni	nsylv	ania
23. FUNERAL DIRECTOR'S Suter-Rouzes	r Funeral	Home	ADDRESS Hagerstown		2	40. REC'D	BY REGISTE	RAR 245. REGI	STRAR'S SIGN		seed/

TO FU

VS A15 (4) 15M 9/55

MARYLAND STA	ATE DEPARTMENT	OF HEALTH-	BALTIMORE, 18	44699
4 4 0 0 0	CERTIFICATE	OF DEATH	BALTIMORE 18 Dr E. W. Ditto	Jr11040

11829 CERTIFICATE OF DEATH

302 Reg. Dist. No.

1	o. COUNT W shington	MARYLAND	o. STATE Marvland	Washing to	
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporate limits, write RURA	
1	RURAL and give regrest town) Hagers town	D. O. A.	Hagersto	own	
	d NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION		d. STREET ADDRESS		# IS RESIDENCE ON A FARMS
	Wash. County Hospit	tal	85 Devonsh	nire Rd	YES NO
	3. NAME OF First	Middle	Lost 4.	DATE Month	Day Year
	(Type or print) BEULAH	MAE	LANE	DEATH NOT 25	1956 19
	5. SEX 6. COLOR OR RACE 7. MARR	RIED ANDIEVER MARRIED	8. DATE OF BIRTH	AGE (to veors IF L	INDER I YEAR IF UNDER 24 HRS
	Female White widowi	ED DIVORCED	Sept 2 1899	ast bythiday) Mo	onths Days Hours Min.
ı	10a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Face of the last	Housewife	Own Home	Laurel Mo	i	USA
Ī	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Samuel H. Hurtman	a	Mary Ell	len Hartle	
	(Yes, no or unknown) . If was, ever wor or dotes of service)		NFORMANT	Address	u alad ma Dai
	No	319-20-2619	Mrs Ehel S	oott 85 Devo	nshire Rd
	18. CAUSE OF DEATH [Enter only one couse per lit	ne for (o), (b), and (c).]	Hagers	town Ed.	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)				ONSET AND DEATH
	DUE TO	7.0			27
	Conditions, if any, which	Myound.	ul sufo	release	J /w
	gave rise to immediate DUE TO				
	lying couse lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART I(o) 19. WAS AUTOPSY PERFORMED?
)	5				YES NO
	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part	1 or Part II of item 18)	
			ACE OF INJURY (Home, form, 12 ctory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
	Hour o.m. While of wor	Idol Mulia	ciory, sireet, dilice diag., etc.)		
	21. I certify that I attended the deceas	ed fram	-52.69 , ta_//	-23 , 1916 th	at I last saw the deceased
	alive an 11-25-56 19	and that death	accurred of	A, fram the causes and	an the date stated above.
	1 511	2 17	ADO	DRESS (Street, city or town, state	DATE SIGNED
П	SIGNATURE A.	und of	M.D.	extrain my	1/26/57
	PHYSICIAN'S ATENAI	170/2	Hoderd.	in Thy	/
	220. BUR AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		d. LOCATION (City, town or co	ounty) (State)
	Burial /1/28/56	Rest Haven	Cemetery #a	gerstown Was	sh. Co Md
	23, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D 81	1 1.0	R'S SIGNATURE
	Andrew K. Coffman Hag	erstown Md.	W. 50. Z	8.1956 Chal	Howese

S'A MILL

0 VS A15 (4) 15M 9/55

Williamsport. Md

ADDRESS

Riverview Cemetery

1956

FUNERAL DIRECTOR'S SIGNATURE

24s. REC'D BY REGISTRAR

Williamsport 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Day

Hours

a aux

PERFORMED?

NO [

(Stole)

YES V

(State)

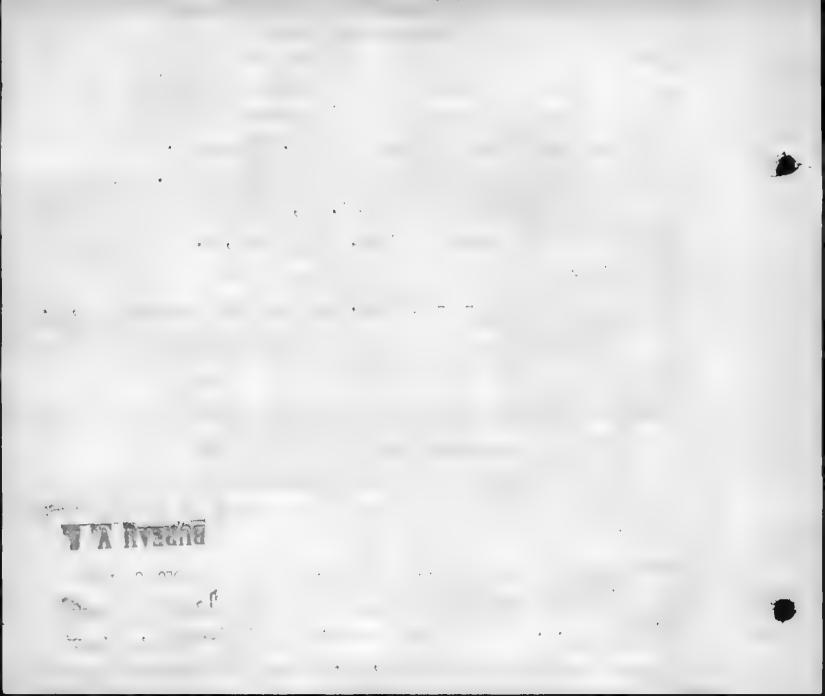
ON A FARM?

YES NO D

Year

1956

Min



4 3.0		11886
Page lirector ed will	1. 1	PLACE OF DEATH COUNTY
Ped ed	1	Washington MARYLAND
after death. Page 4 the funeral director, should be filed with		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16
deo d b	1	RURAL and give nearest town)
offer shoul	-	Jlear Spring R # 2 5 ITS d. NAME OF HOSPITAL (If not in hospital, give street address)
2 4 5		OR INSTITUTION
hours after death. In by the funeral and 2 should be fi		Wilsons
~ 22 ~		NAME OF First Middle DECEASED
ely fr	-	(Type or print) ELIZABETH SHINDLE
within Page	5. 5	MICHAELES IN THE TEN MICHAELES
campletely papers. Pa		Female White WIDOWED DIVORCED
dp dp	19a	. USUAL OCCUPATION (Give kind of work done 105, KIND OF BUSINESS OR IND during most of working life, even if retired)
execund car		Housewife Own Home
de pod a	13.	FATHER'S NAME
death certificate be executed a tending physician and cample please remove carbon papers, within 72 haus, after death.		John Shindle
physici move hours	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.
Ser P		No Property of the services of
ose oin Jin J		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
PHYSICIAN: The low requires that the death certificate be executed at or attending physician. In or attending physician. Fis certificate has been signed by the attending physician and cample this certificate has been signed by the attending physician and cample use as the burial-transit permit. Then please remove carbon papers emattan, ar removal, and in any event within 72 hours after death,		PART I. DEATH WAS CAUSED BY:
at the all Then Then event v		IMMEDIATE CAUSE (o)
hat.		7 DUE TO
guires the		Conditions, if any, which gove rise to immediate (b) Cucifit'.
P. S. S.		coese (o), stoling the under-
ysician. been si transit al, and	-	tying couse lest. (c)
The law rec ing physician. The has been si burial-transit removal, and	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE
ng phy ng phy e has t burial-t remova	CA	
SCIAN: The contending carrierose has the burner on, or rem	RTIF	200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURS OF CONTRIBUTING ☐ CAUSE OF DEATH
Hendi Hendi He		(IF EITHER, NOTIFY MEDICAL EXAMINER)
G PHYSIC oital or off r this certi for use as cremation.	WEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. I
PHY rais or rhis or remail	WEC	Mour a.m. p. m. 19 While Not white of work of work
DING PR hospital After thi hed for unial, cremial,		21. I certify that I attended the deceased from 7-1-
The same of the sa		alive on
ATTEN by the CTOR: detach to bur		dive on the line was a few and the line week
		ACTUAL NO EN DE DE
0 2 3 7 6		SIGNATURE A COLOR
		PHYSICIAN'S AME (Type)
S S S S S S S S S S S S S S S S S S S	720	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY
HOS Poge	E	REMOVAL [Specify]
5 5 0 g =		FUNERAL DIRECTOR'S SIGNATURE ADDRESS
VS A15 (4)	25.	
15M 9/55		Andrew K. Coffman Hagerstown Md

	MARYLAND	STATE DEPARTM	ENT OF HEALTH	H-BALTIMORE, 18	12989
		CERTIFICA	ATE OF DEATI	H Dr E.W. Di	
	PLACE OF DEATH	66			g. Dist. No. 302
1.	Washington	MARYLAND	2. OSSAL RESIDENCE (W	here deceased lived. If institution is b. COUNTY	W .
	CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15		outside corporate limits, write RURA	Nashington Lond give negrest (own)
1	RURAL and give nearest town) Clear Spring R # 2	5 Yrs	C.ear S	pring R # 2	· · · · · · · · · · · · · · · · · · ·
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	<u> </u>	IS RESIDENCE ON A FARM? /
·	Wilsons		Wilson	5	YES NO
	NAME OF First	Middle	Lost	4. DATE Month	Day Year
5.	Type or print) ELIZABETH	SHINDLE	MARTIN	DEATH NOV 1	2 1956 19
3.	- ANALY		B. DATE OF SIRTH	lost birthdoy) Mo	UNDER I YEAR IF UNDER 24 HRS.
10a	USUAL OCCUPATION (Give kind of work done 10b.			1873 83 yrs.	12 CITIZEN OF WHAT COUNTRY?
	Housewife	Own Home	Mason - D		USA
13.	FATHER'S NAME	OWIT TROME	14 MOTHER'S MAIDEN I		UDA
	John Shindle		Marv	Yessler	
{Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	No	None Re	ev Harvey M	artin Clear St	oring lad R # 2
Г	18 CAUSE OF DEATH [Enter only one couse per li PART 1. DEATH WAS CAUSED 8Y:	ne for (o), (b), ond (c)-)			INTERVAL BETWEEN
	IMMEDIATE CAUSE (o)				
	Conditions, if any, which)	Carolini.	1/czente	· /	76.
	gove rise to immediate	C receipes -	- 2000-0	14 2 2 2	
	tying couse lost.				
NO NO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN I	N PART I(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO -
ERTH	206. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port 11 of item 18.)	
		NJURY OCCURRED 20a. PL	ACE OF INJURY (Home, farm	20f (City or town)	(County) (State)
MEDICAL	Hour a.m. 19 While at war	Not white for	ctory, street, office bldg., eld	-)	(County) (Store)
~	21. I certify that I attended the deceas	7-1	1956 10 /	11-12.1056 11	at I last saw the deceased
	alive on / - 1 / - 54 19			M, from the causes and	
	281	1 0/0	/	ADDRESS (Street, city or town, state	
	ACTUAL SIGNATURE	King h	м.р.		149 1/13/1
	PHYSICIAN'S 777 EM	Ditto	Horse	when the	1 / 1 / 2
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (Cry, town, or co	runty) (Stote)
_	urial 11/15/56		etery 1	roadfording W	lash. Co Md.
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24s. REC	D BY REGISTRAR 246. REGISTRA	
	Andrew K. Coffman Ha	gerstown Md.	DATE 1/2	0x/5=56 Lever	ym tockles

Busealu y, g.

DEC 37 1820

DE LIES SI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11825BLDC. 11831 CERTIFICATE OF DEATH MA Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) p. COUNTY o. STATE b. COUNTY MARYLAND 12.9 WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 4 RURAL and give nearest town) TAGERSTOWN 3 WEEKS CONSBORD € NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IN Car MIAM . M 11443H HOSPITAL First Middle 4. DATE Last Day Year DECEASED 3 I.L. (Type or print) DEATH NOVEMBER FRANK 19 56 DIA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months DIVORCED | WIDOWED TO papers. 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11.(BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? deoth. OWNER - OPERATOR BOONSBORD WASH COMD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicie MAHALA REPORT remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 24ROGEZ attending ELIMARTZ No: ARLINGTON VIRCHAIA 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN <u>p</u> ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). davs **DUE TO** mj. ony MARTERIOLERNephrosclerosis Conditions, if ony, which vears gove rise to immediate per cosse (o), stoting the under-Hypertensive Cardiovascular Disease lying couse last. vears PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 163 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o, m. factory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from October 8., 1956, ta November 3, 1956, that I last saw the deceased and that death occurred at 6.2.4.3.1 M, from the causes and on the date stated above. plive anNovember_3 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE M.D. 100 Professional Arts Bldg shoul NAME (Type) William T Hagerstown 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole)

MAUSOLEUNI

249, REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 9/S5 REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

FUNERAL

THE STANDING

195

DOOMSROKO

ADDRESS

TA CTATE

1,10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11832 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11826

Reg. Dist. No. 302

	MARYLAND	o. STATE Mary]	and b. county Wash	in ton
	H OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL and	give necrest town)
Hagerstown 40	vears	Hage	rstown	A = 40
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	21	d. STREET ADDRESS		e. IS RES DENCE
1025 Main Ave.		1025 Main	Ave.	ON A FARM?
3. NAME OF First DECEASED (Type or print) WILLIAM HER	Middle IRY	MASON 4	4. DATE Month OF DEATH November 1	Day Year 9 19 56
5. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED . 8.	DATE OF SIRTH	9. AGE (In years IFUNDER 1	
			377 77 yrs. (3""")	Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BL during most of working life, even if retired)	ISINESS OR INDUST	RY 11. BIRTHPLACE (Stote o	or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Retired Yard Lrakeman Railroa	.d.	Big Poole	e, laryland U.	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Jerry Mason		Acruni	ia Mc Allister	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SET [Yes, no, or unknown) 10 yes, give wor or doles of service)		FORMANT	Address	
no 705-10	0-5367 Mr	. William R.	Mason Hagerstown,	Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b),	ond (c). }			INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: MAMEDIATE CAUSE (a) A CITY	te Corona	ry Occulaion		
420.1 DUE TO				
Conditions, if any, which) (b)				
gave rise to immediate couse (o), stating the underlying DUE TO				
couse last.				
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT N	OT RELATED TO THE TERMIN	HALDISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART H, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOTE 100 EVERNAL CAUSE WAS 1205 DESCRIBE HOW INTE				YES NO
20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.		nter nature of injury in Port I	Lor Part II of Jenn 18)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC	CURRED 200 PLAC	E OF INJURY (Home, form,	20f. (City or town) (Coun	ify) (Stote)
	while facto	none none	-	-
21. I certify that I tank charge of the remains	described abo	ve, held an Autapsy	, Inspection X, Inquiry	and find that
death resulted fram: Natural causes X, Acc		ide . Homicide		
- 17 () -1	7/			
SIGNATURE O / Site of	-1	M.D. CHIEF MEDICAL EXA	MINER [DATE SIGNED
EXAMINER'S G D 1 1 1 1 1 1 1 1		ASSISTANT MEDICAL	L EXAMINER [] 11.	-19-56
NAME (Type) S. Robert Wells	3, M.D.	DEPUTY MEDICAL EX		
REMOVAL (Specify)	OF CEMETERY OR		22d. LOCATION (City, town, or county)	(Stote)
Burial 11/21/1956 St.	Paul Ceme			/land
Suter Rouzer Fulleral Home Have	erstown, N		13,1956 Chastle	Bowerd

Vs. A15ME(5) 5M 9/55



BUREAU V. X.

,	PLACE OF DEA	Wells WO,	1	1004	. USUAL RESIDENCE	Where deceased li	ved If institution	Reg. Dist. No Residence befo	
1	B. COUNT	Washington	MA	RYLAND	o state Mary	rland	b. COUNTY	Washin	ton
/	 6. CITY OR TO RURAL and g 	WN (If autside carporate fim tive dearest town)	its, write c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN	·	e limits, write RU	RAL and give ne	arest tawn)
-	Hagers	cown		21 years Hagerstown					
		OSPITAL (If not in hospital, grown and spital, grown and spital). 33 Salem Ave.	give street address)		d. STREET ADDRESS 933 Salem				on a farm? YES NO E
	NAME OF DECEASED (Type or print)	SCOTT	RAYHOND	M	C KANE	4. DATE OF DEATH	Month loveriber	22	oy Year 19 56
	.sex Male	6. COLOR OR RACE White	7. MARRIED NEVER MAR	RRIED B.	DATE OF BIRTH oril 27, 1°	397 5	AGE (In years I lost birthday)	Months Days	Hours Min
İ	Oo. USUAL OCCL	PATION (Give kind of work	dane 10b. KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (SI	ote or foreign coun	/		DE WHAT COUNTRY?
L	Court Re		Washington						
ľ	3. FATHER'S NAM		7.5	14. MOTHER'S MAIDEN NAME					A.
L		Charles R. Mo				cherine B			
	yes, no. or unknown)	DEVER IN U. S. ARMED FOR	215-26-098	5 Mrs	ormant 5. Mar (aret	E. Mc K	ane I		wn, Aaryla
			ouse per line for (o), (b), and (c}.]				ION	ERVAL BETWEEN SET AND DEATH
		DEATH WAS CAUSED BY:		occlus	ion			- 6	hours
l	LL of CI	if any, which)	. Coronary a	thone	anlownat.	**		Т .	ndefinit
ı	gove rise	to immediate (there	POTELOST	5			THEOR THE O
ı	lying couse	mud the hudet-	, :1						
	PART II	OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO A
		IT WAS UNDERLYING () ITING () CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED.	Enter nature af injury	in Part I ar Part II	af item 18.)		
ź	Hour e). m. 19	While Not while at work of work	factor	E OF INJURY (Home, for y, street, office bldg.,	etc.)		(County)	(Stote)
l		y that I attended the	deceased from Nov	. 22		ov. 22	<u>19 56</u>	that I last s	aw the deceased
	21. I certif		110 50 mmd sh.	at death o	coursed at	M. from 1			ite stated above.
	21, I certif	10V. GC	ond in		ccorred actions				DATE SIGNED
	21. I certificative on	1870	heise and the	M,I		ADDRESS (Stree	t, city or town, st ington		11/23/5
	alive on_	1800	hus leisley, M.D.	M,I	. 148 Wes	ADDRESS (Stree	ington	Street	; 11/23/50

Z .Y UALLUG

22c. NAME OF CEMETERY OR CREMATO

Nunnery Cemeter

Smithsburg Md

ADDRESS

a. IS RESIDENCE ON A FARM? YES NO TO

Year

19

IF UNDER 24 HRS.

56

Doy

29

RTHPLACE (Stote	or foreign country)	12. CITIZEN OF WH	IAT COUNTRY?
vnesbo	_		
HER'S MAIDEN N		1	
isan E.	Smith		
T	Address		
Susan E	. Monn Rouse	rville Pa	a. P. C.
		INTERVAL BI	
re body	& extremities		
ID TO THE TERM	NALDISEASE CONDITION GIVEN	1 12 24 27 14 - 14 20 144	AC ALIZOREY
ED TO THE TERMI	NALDISEASE CONDITION GIVE		RFORMED?
of injury in Part	I or Port II of item 18.)	1153] мо[т
	ve exploded		
	20f. (City or town)	(County)	(State)
office bldg., etc.)	Rural Edgemen		d
i an Autonsy	/, Inspection 🔼,	Inquiry [] an	d find that
, Homicide	_		d Tind Indi
, 11011110100		,,, LJ.	
HEF MEDICAL EX	AMINER []	DA'	TE SIGNED
SISTANT MEDICA	AL EXAMINER	11-30-	56
PUTY MEDICAL E	XAMINER KI	11-)0-	->0
RY	22d. LOCATION (City, town, or	county) (5	State)
У	Quincy Pa.		
		PAR'S SIGNATURE	
KINU.	30.1956 Bras	SHROW	ero

VS. ATSMEIST 5M 9/55

0

22g. BURIAL, CREMATION, 22b. DATE THEREOF

11-30-56

F. Minnich & Son

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

Scott

A V UALLEAU V. S.

OGEL ".

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11868 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. crematian 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH . COUNTE Washington b. COUNTY Washington Marvlan d MARYLAND burial, b. CITY OR TOWN (If pulside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Edgemont Rural Edgemont yrs. Rural e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NOTE NAME OF Middle 4. DATE Dan Year First Lost DECEASED 56 DEATH November 29 19 (Type or print) Robert Bahner Monn Jr 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Male White WIDOWED [7] DIVORCED T YES, 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) Wavnesboro Pa. None ____ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Robert B. Monn Smith Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Susan Rouserville Pa. Monn INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: Burns charred entire body & extremities IMMEDIATE CAUSE (a) 116,0 DUE TO Conditions, if any, which gove rise to immediate cause **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS' SO PERFORMED? None YES T NO K 200. EXTERNAL CAUSE WAS PRIMARY & OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) House caught afire when oil stove exploded inting the ward "I ef Medical Examir R: Page 3 should b 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) While Not while of work Rural Edgemont Wash Md 1956 Home 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection K, Inquiry , and find that to the Chief of DIRECTOR: 8 death resulted from: Notural causes [], Accident [X], Suicide [], Undetermined couse . Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER 11-30-56 S. Robert Wells, M.D. **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) O 11-30-56 Nunnerv Cemeterv Cuincy Pa. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Minnich & Son Smithsburg Md.

5M 9/55

2 .V UAERUT

13 A 15 0 5 (1)

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any obtains is necessary, please of executing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function of execution. Page 4 should feel to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your tiles. TO FULLEAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fite pages 1 and 2 with the registrar prior to burial, creman

					STATE DEPAR					18 1	1830
		1	1869 ^	AEDIC	AL EXAMIN	ER'S	CERTIFIC	ATE OF	DEATH	Reg. Dist. 1	No. 302
	1. 9	LACE OF DEATH	ington		MARY	(LAND	2. USUAL RESIDEN	CE (Where decease	ed lived If Institu b. COUNT		ngton
74	b	CITY OR TOWN	If nutside corporate limits,	write RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	/N (If outside corp	parate limits, write		
		Rural	"Edgemon	t	2½ year	S	Rura	al Ed	gemont		4
4	d	NAME OF HOSPI	TAL OR INSTITUTION	N (If not in	hospital, give street addres	is)	d. STREET ADDRI	ESS			e IS RES DEN ON A FAR! YES NO
	3.	IAME OF		First	Middle		Lost	4. DATE	Ment	h Di	oy Year
		Type or print)	Rohert	18	Marie	M	onn	OF DEATH	Nove	mber 2	19 19 56
	5. \$	EX	6. COLOR OR RA	CE 7- MA	RRIED NEVER MARRIE				9. AGE (In years		AR IF UNDER 24 H
		Female	White	WIDO	WED DIVORCED		June 15.	1947	las birthday) Q yrs.	Months Days	Hosm Min.
	10a.	USUAL OCCUPAT	ON (Give kind of we	ork done 10	b. KIND OF BUSINESS OR				ountry)	12. CITIZEN	OF WHAT COUN
11	ų	None	ng life, even if retire	3)	None		Wayne:	sboro P	a.		
	13.	FATHER'S NAME					14. MOTHER'S MAID				
		R	obert B.	Mo	nn		Susan 1	E. Smit	h		
			VER IN U. S ARMED		16. SOCIAL SECURITY NO.	17. #	PORMANT		Address		
	frm.	No	(in her's live mot or dose	II the steamont	***	Mr	s. Susan	E. Lion	n Rous	ervill	e Pa. F
-			TH [Enler only one	couse per li	ine for (a), (b), and (c).	Edi.Salah	The state of the s			III	TERVAL BETWEEN
		PART 1. DEA	TH WAS CAUSED 8	fs.	Burns Char	har	entire ho	dv & ext	remities	O	NSET AND DEATH
		916	DUE		Darie Glai	100	Oligate Do	4, 60 0110	20.22 0200		
V		Conditions, if									
		gove rise to imme	diote couse	{b}							
		(o), stating the couse last.	underlying	(c)							
	z		HER SIGNIFICANT C		CONTR BUTING TO DEAT	H BUT N	OT RELATED TO THE 1	TERMINAL DISEASI	CONDITION GIV	EN IN PART I(a)	119. WAS AUTOP
	CERTIFICATION				3.7	_					PERFORMED?
	FIG	20g. EXTERNAL CA	USE WAS	20h. DESC	None RIBE HOW INJURY OCCUP	RRED. (F.	ster acture of taken in	n Port I or Port II	of item 18.1		TIGE NO
	CFRT	20g, EXTERNAL CA PRIMARY A or CC CAUSE OF DEATH	NTRIBUTING	Ho	use caught s	fire	when oil	stove e	xploded		
- 1		20c. TIME OF INJU	JRY Month, Day,	Yeor 20	d. INJURY OCCURRED 2	Oe PLAC	E OF INJURY (Home	form. 20f (City	or town)	(County)	{Stot
4	MEDICAL	Hour 5. m. 1:15xa0	Nov . 29	10 56 W	hile Not while work I of work	tecto	ry, street, affice bldg.	., etc.) ;	ral- Edg		
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					e remains described				_		, and find
		deoin resulted	rom: Notur	or couses	Accident X	, \$UH	ade [_], Homi	cide [_], Ui	ndetermined o	ouse [
		ACTUAL .	T. Rate	217	wells		CLHFE HEDIC				DATE SIGNED
* .		SIGNATURE	11100				_m.b.	AL EXAMINER			
		EXAMINER'S		S. Rob	ert Wells, N	1.D.		EDICAL EXAMINE	_	11.	-30-56
		NAME (Type)						-	-		
	110.	REMOVAL Specific	ON, 22b, DATE THE	/	22c. NAME OF CEMET				TION (City, town,	or county)	(Stole)
	22	DULT LAIL		,-,,0	Nunnery	Ceiii	etery	RECID BY REGIST		STRAR'S SIGNAT	rijoš
				P. C		3	1/4	or 20 10	248. REGI	ALLAZ.	e e sas V
	li-	COCC F.	Minnich		on Smiths	our	g Md.	20.34/7	16 Kg Ka	771,120	

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BUREAU V. S.

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TAILLY AND OWN Coursides corporate limits, write a LENGTH OF STAY IN 1 b LENGTH OF STAY	1. PLAC	CE OF DEATH			MARYL		2. USUAL RESID	ENCE (Who	ere decease			nce before	admission)	
### ALE OF HOSPITAL (I' not in hospitol, give street odders) d. NAME OF HOSPITAL (I' not in hospitol, give street odders) d. STREET ADDRESS e. I'S RESIDENCE ON A FARM WASH. C. H.C. P. I T.M. Middle DOY YES ON A FARM WASH. DOY YES ON A FARM WASH. PART I. OEATH MONTH WOODER TO 19 S SEX 6. COLOR OR RACE T. MARRED MOVER MARRED 8. BATE OF RITH WOODER TO 19 S SEX ALE MALE WASH. WASH. WASH. TO 19 S TO 18 S														
d. STREET ADDRESS TO A STREET	b. CI	ITY OR TOWN (If au URAL and give neare	tside carporate limit st tawn}	s, write c. Ll	NGTH OF STAY IN	1 15	c. CITY OR TO	DWN (ff a	utside carpo	rate limits, write	RURAL and	give near	est fawn}	
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PHYSICIAN'S NAME (Type) BURIAL, CREMATON, 22b. DATE THEREO BURIAL, CREMATON, 22b. DATE THEREO REMOVAL (Specify) NOV. 13.1956 MANOR CENIETERY T. LG.14 NAME OF COUNTY) FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	AC	TUAL PL	2006	TOID	112. ()		//	-(X	10000000	110 N	had		111	
D. BURIAL, CREMATON, R2b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CNy, town, or county) (Stote) REMOVAL (Specify) NOV. 13. 1956 MANOR CENIETERY T.L.G.14 NAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	SIG	NATURE_	July 7	- CARL	409	M.	.D	المالكات	eide	West Life	- Serie V	-WG	Y64-f-((4
BURIAL, CREMATON, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CMY, town, or county) (Stote) REMOVAL (Specify) NOV. 13.1956 MANOR CENIETERY T.LG.14 NAME OF CEMETERY FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	PH	YSICIAN'S	1	. /	1					,/			l	V
FEMOVAL (Specify) NOV. 13. 1956 MANOR CENIETERY T. LG.14 MANTON /V.D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 24g. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE			A DATE TURBED	/	(/									
FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 24a, REC'D BY REGISTRAR'S SIGNATURE	RE	MOVAL (Specify)							- Marie			4. 5		
				56 1		<u>JEN</u>	LETERY	0.50						
7 . 1 . 1			1 .	a	MUNESS		4	24a. REC'E	BY REGIST	KAK ZAD REC	HOTKAK S SI	LA	Late.	4

urs after death. Page 4 ally filters in by the funeral director, Pages 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may rained by the haspital or attending physician.

Selection of commentation TO FU VS A15 (4) 15M 9/55

DR. RALPH F. YOUNG

BOBERN A. F

DE ATESEU

a. COUNTY

3. NAME OF

5. SEX

DECEASED

(Type or print)

male

no

couse lost.

NAME [Type]

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. BUNERAL/DIRECTOR'S SIGNATURE

11-19-56

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1183MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 342 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. STATE b. COUNTY Washington Md. Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and are nearest town? DOA Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS M. IS RESIDENCE 15 W. Antietam St. Washington Co. Hospital YES NO 14 Middle Month Nov. 16 56 Nave Jacob A. DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months May 23.1913 white WIDOWED [DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Wibliamsport, Md. Construction carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Shank Joseph Nave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Williamsport, 79Mrs. Walter Bowman. 18 CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Acute Coronary occulsion IMMEDIATE CAUSE (6) 401.1 DUE TO Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) None 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while of work of work Inspection X. Inquiry . Homicide . Undetermined cause .

o.m. Neno 21. I certify that I took charge of the remains described above, held an Autopsy 1. death resulted from: Natural causes XI, Accident II, Suicide III.

ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR S. Robert Wells, M.D. **EXAMINER'S**

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

(State)

22c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 22d LOCATION (City, town, or county)

Williamsport, Md. 24g. REC'D BY REGISTRAR

ADDRESS Williamsport, Md.

TAMES TH

9961 67 AOI:

BUREAU V. !

Lutheran Cemete

ADDRESS

2 /56

Andrewa K. Coffnan Hagerstown Ld.

Burial

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NEL

Yeor

19

Reg. Dist. No. 305

HER'S MAIDEN NAME	
Cornelia Cyster	
Address	
enrietta Palmer Hagerste	own lid.
- 1 0 44 12	INTERVAL BETWEEN
inclesses	6 yes,
	-
TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
	PERFORMED? YES NO
ture of injury in Port I or Port II of item 18.)	
URY (Home, form, 20f. (City or town) (Co , office bldg., etc.)	unty) (Stole)
9	
56, to 40 19 , 1956, that I lo	st saw the deceased
56, to how 29 1956, that I lad at 4 R. M. from the causes and an the	st saw the deceased adove.
d at	st saw the deceased date stated above.
d atM, from the causes and an the	st saw the deceased date stated above. DATE SIGNED
d at	st saw the deceased date stated above. DATE SIGNED
d at 1 M, from the causes and an the ADDRESS (Street, gity or town, state)	date stated above. DATE SIGNED
ADDRESS (Street, city or town, state) ORY 22d LOCATION (City, town, or county)	date stated above. DATE SIGNED (State)
ADDRESS (Street, city or town, state) ORY 22d LOCATION (City, town, or county) TY Leitersburg Was	c date stated above. DATE SIGNED (1/30/56 (State)
ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ORY 22d LOCATION (City, town, or county) TY Leiters burg Was 24d. REC'D BY REGISTRAR 24b REGISTRAR'S SIGN	c date stated above. DATE SIGNED (1/30/56 (State)
ADDRESS (Street, city or town, state) ORY 22d LOCATION (City, town, or county) TY Leitersburg Was	c date stated above. DATE SIGNED (1/30/56 (State)

Month

29

Md

Months

1956

Days

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

USA

abod E 0 VS A15 (4) 15M 9/55

2

SA Prince

1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	11834								
	11837 CERTIFICA	TE OF DEATH Reg	. Dist. No. 30%								
filed with	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE Maryland b. COUNTY Washington									
be f	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 1 day	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown									
by the Tune J. Should J. Should	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS 843 Maryland Ave.	e. 15 RESIDENCE ON A FARM? YES NO X								
uo -	3. NAME OF First Middle DECEASED (Type or print) BABY GIRL	NICHOLS 4. DATE Month OF DEATH NOV.	Doy Year 19 1956								
Pog	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	Nov.18,1956 9. AGE (in years lost birthday) yrs	IDER I YEAR IF UNDER 24 HRS								
nd comple in papers, death.	10a USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) None None		U.S.								
carbo carbo after	13. FATHER'S NAME Harold L. Nichols	14. MOTHER'S MAIDEN NAME Nancy Jean Bovey									
ng physical property of the physical ph	[Yes, no, or unknown] I fill yes, give war or dates of service)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) [1] [I] yes, give wor or date of service) 843 Maryland Ave.									
n sgred by the attenden nair permit. Then please and in any event within	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. (c)	religion la og	INTERVAL BETWEEN ONSET AND DEATH								
nas been rial-trans naval, ar	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO								
raticate as the bu an, ar re		. (Enler nature of injury in Port I or Port II of item 18.) CE OF INJURY (Home, form, 20f (City or town)	(County) (State								
this ce or use o	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur e. m. 19 While of work of work	lary, street, affice bldg., etc.)									
cook: After e detached for ta burial, a	21. I certify that I attended the deceased fram	accurred at 6:30AM, from the causes and a ADDRESS (Street, city or town, state)	it I last saw the decease in the date stated about DATE SIGN								
should be	NAME (Type) A. Jaynard Bacon, Jr. 11. D.		1-1-7								
page 3 shouth	220. SURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 84/20/16 Rest Haven C	emetery Hagerstown	Md.								
	Rest Haven Funeral Chapel Inc. Hagerstown	24g. REC'D BY REGISTRAR 24b. REGISTRAR	16-1)								

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31. IR M.

MILATOT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEE CE ON SEE

Rea. Dist. No.

Wash

Months

Scott F. Minnich & Son, Hagerstown, Md.

15 RESIDENCE ON A FARM?

Day

28

F UNDER I YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

2 weeks

PERFORMED? YES NO K

(Stole)

(Stote)

Doys

[County]

YES NO

Year

19

VS A15 (4)

death.

EUREAU V. S.

DEC .

TO FULL ALL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled will the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.		and campletely filled in by the funeral directo	an papers. Pages ! and 2 showld be filed wil	death.	
FULL AL DIRECTOR: After this certificate has been signed a good 3 should be detached for use as the burial-transit permit are registrar prior to burial, cremation, ar removal, and in any		by the attending physician	. Then please remove carb	event within 72 haurs after	
FULL AL DIRECTOR: Age of a should be detached registrar prior to buri	sophial of offering properties.	After this certificate has been signed by	ed for use as the burial-transit permit.	at, cremation, or remaval, and in any	
5 4 5	and to palling the last	TO FUME AL DIRECTOR: A	page 3 should be detache	the registrar prior to buric	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 Knurs offer death. Page 4

3.5

\vdash		
1.	PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. STATE Maryland b. COUNTY Washington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagers town Ind.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Maryland
V	d. NAME OF HOSPITAL III not in hospital, give street address) OR INSTITUTION Dead on arrival Washington County Hospital	#2 West Salisbury Street on A FARM? VES NO NO
3.	NAME OF DECEASED (Type or print) Emma Westabargar	Palmer JATE Month Doy Year Palmer Death Nov. 7 1956
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO NEVER MARRIE	Pob. 1 1873 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Pob. 1 1873 Pos. Pos.
	Outsual occupation (Give kind of work done during most of working life, even if retired) Housewife Home	Harpers Ferry W. Va. USA
13	John Cline	14. MOTHER'S MAIDEN NAME Frances Cox
		rs.Olive E. Martin 352 Irvin Ave
CATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate case (a), steting the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING TO COURT OF CONTRIBUTING COURT OF DEATH OF CONTRIBUTING COURT OF	RED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, Hour o. m. 19 While Not white of work o	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (State)
	21. I certify that I attended the deceased from alive on 19, and that dear	th occurred at 3307M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED AND.
7	PHYSICIAN'S NAME (Type) 20. BURIAL CREMATION. 226. DATE THEREOF 226. NAME OF CEMETERY	
I	Burrial Specify Nov. 9 1956 St. Pauls	Cemetery Near Clearspring Md.
23	3. FUNERAL DIRECTOR'S SIGNATURE Williams CONT	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

da . . Isla

DECENTED.

TO FU

VS A1S (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11841 CERTIFICATE OF DEATH

11838 Reg. Dist. No. 302

1. PLACE o. COU	OF DEATH NTY Was	Shington		MARY	LAND	i o STATE	ence (who		d lived If institu b. COUNT		lash:		
b. CITY RURA	AL and give no	If outside corporate limi ecrest lown) CONSTOWN	ts, write	6. LENGTH OF STAY	1		own (If or		orate limits, write	RURAL and	give near	rest fown	ĵ
d. NAA OR t	NE OF HOSPIT	AL (If not in hospital, o Lartin i		oddress)		d. STREET AD		gini	a nve.		•		IDENCE FARM? / NO [
3. NAME DECEAS (Type o	SED	Nora		Middle Bessi		Renner		4. DATE OF DEATH	TITATE	anth	2 Day	y 1	Year 19 56
s sex Fema	ale	White	7 MARR	NEVER MARRI		B. DATE OF BIRTH Oct. 26		76	9 AGE (In year last birthday)	Months	R 1 YEAR	Hours	R 24 HRS. Min.
10s USUA during	House	ON (Give kind of work king life even if returned	ione 10b	Own Home			erst	_	Lud .	12. C	ITIZEN OI	F WHAT	COUNTRY?
13. FATHER		nas Ren	ner			14. MOTHER'S A	naiden na Lida		ielman				
TS WAS D Pers, no, or o		R IN U.S. ARMED FOR (If yes, give wer or dates of s		SOCIAL SECURITY NO		oyd H.	Ritt	er	Hagers	dress et owr	1 7.0	d.	
Cou days	CCIDENT WA	ny, which mmediate the under- DUE TO COMMERCE SIGNIFICANT SIGNIFICANT COMMERCE SIGNIFICANT SI) DITIONS_C	CONTRIBUTING TO DE						IVEN IN PA	RT 1(a) 19	REREO	AUTOPSY RMED? NO
₹ 20c. TI	HER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye		NJURY OCCURRED Not while	20e PLA	ACE OF INJURY (History, street, affice	ome, form,	20f. (Cin			(County)		(State)
ACTU SIGN/	an CC	tober 3, Toward N.	18_		death	accurred at S	0:00 136 1	M, from North		and an stole)	the date	e state	
	L CREMATIC	11-4-5		Rose Hi					TION (City, town, erstown			(State	1)
		s signature Minnich	& S	ADDRESS on Hager	sto	wn had.	249. REC'D	BY REGIS	TRAR 24b, REC	USTRAR'S S	IGNATUR	\$ (*)	ero



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr B. B. Kneisley CERTIFICATE OF DEATH

	1194	9 CERTIFIC	ICAIL OI L	/LAIII		Reg. Dist. No	o. 302
1. PLACE OF DEATH o. COUNTY Wa. D	hington	MARYLA	II an STATE		sed lived If institutio	n: Residence bef	ore admission)
b. CITY OR TOWN BURAL ppd give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN	t 16 c. CITY OR	TOWN (If outside cor	porate limits, write RU		earest tawn)
Hage	erstwen	7 Day	ys Ha	gerstown	R # 2		×
d. NAME OF HOSE OR INSTITUT ON Wa. sh.	PITAL (If not in hospitol, give street County Hospi	*	d. STREET A	Lawn			ON A FARM?
3. NAME OF DECEASED	First	Middle	la		Mont	h C	Day Year
(Type or print)	MARY	JANE	ROBERT	SON DEAT	H Novemb	er 2 19	956 19
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRT	Н		IF UNDER 1 YEA	R IF UNDER 24 HRS
Fenale	White widow	ED DIVORCED [July	24 1 385	71 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPAT	T:ON (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPI	ACE (State or foreign	country)	12 CITIZEN	OF WHAT COUNTRY?
Hous	sewife	Own Home	w11	sons Was	h. co Md	. US	A
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME			
	lvin Trumpower			Margaret	E. Hawb	aker	
(Yes, no, or unknown)	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT		Addre	188	
No		None			son Hage	rs town	Md R #2
	EATH [Enter only one couse per li	ne for (o), (b), and (c).)		Cedar La	Wn	IN	TERVAL BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral h	emorrhage	3		2	months
331x	DUE TO		0				
Conditions, if	ony, which) (b)	Cerebral a	rterioscl	erosis		I	ndefinite
gove rise to							
lying couse los	t. (c)						
ICATK	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NOT RELATED TO) THE TERMINAL DISE	ASE CONDITION GIVE	N IN PART 1(o)	PERFORMED? YES NOT
	WAS UNDERLYING [] 206. DES NG [] CAUSE OF DEATH FY MEDICAL EXAMINER]	CRIBE HOW INJURY OCC	URRED. (Enter nature a	if injury in Part I ar P	ort II af item 18.)		
20c. TIME OF INJU	. While	1	De. PLACE OF INJURY (foctory, street, office	Hame, form, 20f. (C a bldg., etc.)	ity or town)	(County	r) (Stote)
21. I certify	that I attended the deceas	ed from Aug.	. 23 . 19 56	to Nov.	2 19 56	that I lost	sow the decensed
olive on N		56,, and that d					
1	Wal : 0			ADDRESS	(Street, city or town, s	tale)	DATE SIGNED
ACTUAL SIGNATURE	of Ulmeraly		M.D. 148	West Wes	shington	Street	; 11/3/56
PHYSICIAN'S D	r. B. B. Knei	sley	Hage	erstown.	Maryland		
220. BURIAL, CREMATI	ION, 226. DATE THEREOF	22c. NAME OF CEMETE			ATION (City, town, or	county)	(State)
Burial	" 11-4-56	Rose mill	Cemetery	Hag	erstown V	Wash.	Co_Md
23. FUNERAL DIRECTO		ADDRESS		24a. REC'D BY REGI	STRAR 245. REGIST		
Andrew	K. Coffman Ha	geretown 1	44.	append land	956 /24	31117) was a secret

BUREAU V. S

ΛO

BECENDED

CERTIFICATE OF DEATH Reg. Dist. No. with 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 3 o. COUNTY O. STATE WASHING-TON filed ō MARYLAND NASHIN (LTON 153 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 0 4:1 LAVY OT SZIA () NISTAWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION থ ON A FARM? YES NO.PR TIMIARE ST THLTIMORE and 1410 NAME OF 4. DATE First Middle Lost Month Day Yeor DECEASED odes (Type or print) DEATH M NOVEMBER -19 56 CIANE OSENIBER CY 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months DIVORCED [WIDOWED F papers. MALE 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ERSTOWN WASH. HOM! MIFE F1002E 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ottending phy-IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address GEO S ROSENBERGS No. NONE TUNKSTAWN IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 (12 6 m 0 / 6 6 15 201 0 Б IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which permit. any (b) gove rise to immediate **DUE TO** cottse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NON 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour factory, street, office bldg., etc.) D. M. While Not white 19 of work at work 🗔 p. m. 1956, to Nov 5 ____ 19_6_that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 41.50 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED G. HOACHLANDER, M. D. ACTUAL SIGNATURE Pri WASHINGTON SHRDDI ā p PHYSICIAN'S NAME (Type) MARYLAND 22b. DATE THEREOF 220. BURIAL, CREMATION. 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) abod REMOVAL (Specify) **FUNKSTOWN** CEMETERY 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

deoth.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8 'A C' . . . AC

1		MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMOR	SE, 18 11041
	L	118/13 -11844 CERTIFIC	CATE OF DEATH	Reg. Dist. No. 302
bel will	1.	PLACE OF DEATH o. COUNTY Washington MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If o. STATE b. Co	institution: Residence before admission) OUNTY Washington
EI)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lagerston 3 months	c. CITY OR TOWN (If outside corporate limits, Harenstown	
: (7)		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Jub Washin, ton Ave.	d. STREET ADDRESS 645 Washington Ave.	Is residence On a farm? YES NO
	3.	NAME OF DECEASED (Type or print) CLAIDIA A. E	ROWLAND 4. DATE OF DEATH NO	Month Day Year ovember 16 1956
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FEMALE WIDOWED DIVORCED D	B. DATE OF BIRTH July 28, 1956 9. AGE (Internal Loss birt)	yeors IF UNDER 1 YEAR IF UNDER 24 HRS. hdoy) Months Days Hours Min.
- 1	100	d USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	DUSTRY II BIRTHPLACE (Stote or foreign country) Hagerstown, Marylan	12 CITIZEN OF WHAT COUNTRY?
1)	13.	FATHER'S NAME Edward L. Rowland	14. MOTHER'S MAIDEN NAME	
		. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Dorothy M. Will INFORMANT Edward L. Rowland Hag	Address erstown
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) ARDIAC	FAILURE	INTERVAL BETWEEN ONSET AND DEATH ON 10 17 UUS
		Canditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost.	L HEART DISEAS	FROM BIRTH
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I		PERFORMED?
			RED. (Enter nature of injury in Port I or Port 11 of item	18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. jt. p. m. 19 20d. INJURY OCCURRED 20e. While Not while of work 10 of work	PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
		21. I certify that I attended the deceased from 7-2 alive an 1950, and that dec	ith accurred at 705/P.M. from the car	
ž		SIGNATURE , Morent Sulling	E. Margaret Sullivan, M. M.D. 314 N. Polomac St.	r town, stote) DATE SIGNED D.
		PHYSICIAN'S NAME (Type)	Hagerstown, Maryland	
B	L	BURIAL, CREMATION, 226. DATE THEREOF PROVIDENCE PROVIDENCE PROPERTY PROPERT	Cemetery Hagersto	town, or county) (Stote) Who Haryland REGISTRAR'S SIGNATURE
)		R. Dankler Auger O 8 1 2 3 3 Y V/L	, Maryland 70017.1956	hastllowerd

OBAISSE A

E . W UABRUA

ADDRESS

Hagerstown, Maryland

Suter-Rouzer Funeral Home

Hanklin Rouser

Maryland 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

11842

15 RESIDENCE ON A FARM?

YES NOTE

Year

10 56

Day

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES TO NO TO

> > (State)

DATE SIGNED

(Stote)

(County)

MON TR 1298

BUREAU F.

Rea. Dist. No. ash. . IS RESIDENCE ON A FARM? YES TO NO Yeor 10 IF UNDER 1 YEAR IF UNDER 24 HRS. Days 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES P NO (County) (Stote)

.. 19.56 that I last saw the deceased

9 5 M, from the causes and an the date stated above.

7 W. Washington St. . Hagerstown .. Mo

(Stote) 1-28-56 Rest Haven Cemetery Hagerstown

ADDRESS 24g, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE Boott F. Minnich & Bon Hagerstown Md.

VS A15 (4) 15M 9/5S

DESELIATED TO

BUREAU V. S.

1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
9 0.0			11845 CERTIFICATE OF DEATH Reg. Dist. No. 302
Page Sirector ed wit	* 0	1	PLACE OF DEATH o. COUNTY Washington Washington Washington Washington Washington Loculty Washington Washington
eral c be fil		1	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town)
r der	gar di.	9	RURAL and give nearest town) agerstown 30 years Hagerstown
urs ofte by the d 2 sha	מז	2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1840 Jefferson Blvd. e. 15 RESIDENCE / ON A FARMY / YES NO M
5		3	NAME OF First Middle Lost 4. DATE Month Day Year OF
ithin 2 ely fill Pages			(Type or print) Alice Wilson Smith DEATH NOV. 4 19 56 SEX 16. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH 19. AGE (In vegra life UNDER 1 YEAR) IF UNDER 24 HRS
3 5			Most of TOOP lost birthdoy) Months Days Hours Min
completed a			DO USUAL OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
and car bon pap		1	Seamstress Lesters Dept Sharpsburg Md. USA
e b Gerla	_	ľ	Joshua C. Wilson Virginia Cronice
physici emove	I ')	
		1	was deceased ever in u. s. armed forces? 16. social security no. 17. informant 1840 Jefferson Blvd. No N
LOR ATTENDING PHYSICIAN: The law requires that the death ce anned by the hospital ar attending physician. LDIRECTOR: After this certificate has been signed by the attending that be detached for use as the burial-transit permit. Then please the prior to burial, creamian, or removal, and in any event within 72.			20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED/TEnter noture of hijury in Port I by Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
3 she	,	7	NAME (Type) 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, fown, or county) (Stote)
D HO may O FU			Sufficial Specify Nov. 7-56 Mt. View Cemetery Sharpsburg Maryland
VS A1S (4) 1SM 9/SS	A	2	HOUSE X LOG WILLIAMS MAN DESS 240 REGISTRAR 246. REGISTRAR'S SIGNATURE SOURCE SOURCE SIGNATURE SOURCE SIGNATURE SOURCE SIGNATURE SOURCE SIGNATURE SOURCE SO

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



EUNEAU V. S.

Poge 4	irector.	ed with
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 2/ Fraus ofter death. Page 4	may etained by the hospital or altending physician. TO FUTTE AL DIRECTOR: After this certificate has been signed by the attending physician and completely fill corn by the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar removal, and in any errent within 7 land. Safter death.
NDING PHYSICIA	e hospital or atten 2 After this certific	ched for use as the urios, crematian, a
OSPITAL OR ATTER	LATE AL DIRECTOR	ge 3 shauld be deta registrar prior to b
10	10 F	po t

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1184 CERTIFICATE OF DEATH

	1	L	04	D.
Reg.	Dist.	No.	2	02

1,	PLACE OF DEATH G. COUNTY				2.	USUAL RESIDENCE (WI	nera deceased		on: Residence	before e	odmission)
	Washing	ton		MARYLAND		Maryland		Washi	ngton		
	b. CITY OR TOWN (IF RURAL and give ner	outside corporate limi	ls, write	c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o	outside corpoi	rote limits, write R	URAL ond gi	ve neares	t town)
	Hagerst	*		1 Week		Hagerst	own				
	d. NAME OF HOSPITA		ive street	address)		d. STREET ADDRESS				e.	S RESIDENCE
	Wash.	County Ho	spi	tal		35 Meale	y Pkv	7 y			ON A FARM? ES NO 🐴
3	NAME OF	Fir	st	Middle		Last	4. DATE	Mon	th	Day	Year
	DECEASED (Type or print)	GRACE		BOVEY	5	MITH	OF DEATH	Nove	mber	13 -	1956
5.	SEX		7. MAR	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HRS
	Female	White	WIDOW	ED DIVORCED	A	arch 9 18	391	65 yrs.	Months [Days F	lours Min.
, 10	. USUAL OCCUPATIO	N (Give kind of work	ione 10b.	KIND OF BUSINESS OR INC			or foreign co	unity)	12. CITI2	EN OF	WHAT COUNT
/	Housewif	ing life, even if retired		Own Home		Maplevi	llle	vid.		USA	
13	FATHER'S NAME				14	L MOTHER'S MAIDEN N					
	George	Bavey				Ellen	Funk				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFO		- 44400	Add	ress		
13	No or unknown)	If yes, give war or dotes of s	ervice)	None	Joh	n G. Smit	th 35	Mealey	Pkwv		
F		TH Enter only one co	use per li	ine-for (o), (b), and (c) }	9,41	Hagers	IOWIT	ta.		INTERV	AL BETWEEN
		H WAS CAUSED BY:		X. Incita		Venatiti	À				AND DEATH
		IMMEDIATE CAUSE (d		The way	4	regiones.				7	Co LUA
	Conditions, if on					•					
	gaye rise to in	mediate								-	
	cative (o), stating the lying couse lost.	_									
2		FR SIGNIFICANT CON		CONTRIBUTING TO DEATH BE	UT NO	PELATED TO THE TERM	NAI DISFASS	CONDITION GIV	FN IN PAPT	163 19	YZPOTILA ZAW
AT O	D.	; /-	24 ()	440	01110	The state of the state of	it the mother		EIA DA LAWI	1	PERFORMED?
E C	20m ACCIDENT WAS	S. INDERVING EL	20h DES	SCRIBE HOW INJURY OCCUR	BED (E	nter nature of injury is	Part Los Part	II of item 18)		1	ES NO
CERTIFICATION		S JNDBRYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	200. 00.	Jenia Hove Hook Geeok	neo. įs			11 00 110111 1014			
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye			PLACE	OF INJURY (Home, farm street, office bldg., etc	20f. (City	or lown)	(Co	ounly)	(State
MEC	p. m.	19	While of wo	TO HITTO	,		"	4			
	21. I certify the	at I attended the	deceas	sed from 2-	2.7	. 19 52, ta	dece	Thy 19	that Lie	ast saw	the deceas
	alive an	11-12	. 12-		th oc	curred at 405/	4 M. from				
		$\supset II$	-					regt, city or town,		. uuic	DATE SIGN
	ACTUAL	Kobert	7.	Keadl	MD	Has	zera	Lower	- Ma	_ 1	1-14-12
П						0					
	PHYSICIAN'S NAME (Type)										
22	d. BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCAT	ION (City, town, o	or county)		(State)
	REMOVAL (Specify)	2 1	56	Rose Hill	Ce	netery		rstown	-	Co	Md.
23	FUNERAL DIRECTOR'S			ADDRESS			D BY REGIST	RAR 24b REGI	TRAR'S SIG	MATURE	
	Andrew K.	Coffman	Hag	gerstown Md.		doe.	15.19.	36 614	SHE	oll	seru/



11017

		1187	3 CERTIFIC	CATE OF DEATH	1	Reg. Dist. No.
1, PL/ o.	ACE OF DEATH COUNTY	Washington	MARYLAND	A STATE	ere deceased lived. If institutio b, COUNTY	n. Residence before admission) Wash
b.	CITY OR TOWN RURAL and give	(If outside corporate limits, write	c. LENGTH OF STAY IN 18	c CITY OR TOWN (IF or	utside corporate limits, write RL	JRAL and give nearest town)
	rural	Smithsburg	66 years	rural S	mithsburg	
d.	NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street of RFD #2	oddress)	d. STREET ADDRESS RFD	#2	IS RESIDENCE ON A FARM? YES NO
DE	LME OF CEASED pe or print)	Walter First Lay	ton Smit	h, Sr.	4. DATE Monti	Doy Yeor OV. 1 1956
5 SE)	male	6. COLOR OR RACE 7. MARRI	ed Never Married D	Nov. 2, 188	A 1 A A A 1	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
me.	ISUAL OCCUPAT lyring most of wo Intenat	ION (Give kind of work done 10b. 1 rking life, even if retired) 108 CLECTICIA	n cement		*	12. CITIZEN OF WHAT COUNTRY
	THER'S NAME	Layton H. Sm		14. MOTHER'S MAIDEN N	Alice Mi	ner
(Test. in	AS DECEASED EV o or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service) 2.1		. INFORMANT Mrs. Kay Mani	n, Rockville	
11	. CAUSE OF DE	ATH [Enter only one couse per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN
	PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) VC	cardial In	sufficiency		ONSET AND DEATH
	2 61	DUE TO				**
	Conditions, if		Posterior	Myocaruial	Infarction	19 mo.
	otse (o), stating lying couse lost	the under DUE TO				
CERTIFICATION	PART 11. O	THER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	IN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 15
	R CONTRIBUTIN	/AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER]	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in P	ort 1 or Part II of item 18)	
MEDICAL	C. TIME OF INJU Hour o. m. p. m.	vn While	Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.	20f. (City or town)	(County) (Stote)
2	1. I certify t	hat I attended the decease	d fram \$/8	, 19 55 to 1	.1/1 19 56	that I last saw the decease
	live an					nd an the date stated above
A	CTUAL GNATURE	harles n.	Dess		ADDRESS (Street, city or lown, s	
N	HYSICIAN'S IAME (Type)		es UD	Smith	sburg, Md.	
22o. E	JURIAL, CREMATI	v) 1	22c. NAME OF CEMETERY		22d. LOCATION (City, lown, or	r county) (State)
_	burial			g Cemetery		.Md .
	INERAL DIRECTO	- · ·	ADDRESS	24a. REC'T		FRAR'S SIGNATURE
20	ott F.	Minnich & Son	Smithsbu	rg. Md. DATE		

VS A15 (4) 15M 9/SS

OBAISOCA OBAISOCA

Counter angueMARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 M DE Wade lo, HIL CERTIFICATE OF DEATH Reg. Dist. No. 30 Z USVAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH . COUNTWASHINGTON STATMARYLAND b. COUNTY SHINGTON be filed death. b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) HAGER'S TOWN 50 YRS. HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE 304 WAKEFIELD RD ON A FARM? 304 WAKEFIELD RD. YES NO IX 3. NAME OF Middle 4. DATE Month Year DECEASED OF 1956 SPANGLER NOVEMBER JOHN WILLIAM (Type or print) Pages 5. SEX 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours WHITE MALE /9/ WIDOWED T DIVORCED T 54 Y's 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. NE OPERATOR U.S.A. AIRCRAFT CO. MARYLAND ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN S. SPANGLER IDA MAE WENTLING 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 219-14-88 MRS. CLARA SPANGLER 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVALMETWEEN celusion LORONAR PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO any Conditions, if ony, which gove rise to immediate **DUE TO** cottse (o), sloting the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, tEnter nature of injury in Port 1 or Port II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o.m. Not while ol work of work that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at/C LM. from the causes and on the date stated above. ADDRESS (Street city ACTUAL PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) ROSE HILL CEM. HAGERSTOWN MD. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24ba REGISTRAR'S SIGNATURE

3 .V UATEL .

VS A15 (4) 15M 9/55 M

MARYLAND	STATE D	EPARTMENT	OF HEALTH	I-BALTIMORE, I	8
449"	74 CE	RTIFICATE	OF DEATH	4	

1. PLACE OF DEATH 0. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution. Residen b. COUNTY Washingt	
b. CITY OR TOWN (If outside corporate limits, write c.	LENGTH OF STAY IN 16		utside corporate limits, write RURAL and i	
RURAL and give nearest town) RURAL—WILLIAMSPORT	1 year	Williamspo	n+	34
d. NAME OF HOSPITAL (If not in haspital, give street odds		d. STREET ADDRESS		e IS RESIDENCE
110 N. Conococheague St		110 N. Cor	ococheague St.	ON A FARM? YES NO X
3. NAME OF First	Middle	Last	4. DATE Month	Day Year
(Type or print) Clarence	Eber St	umbaugh	OF DEATH NOV.	28 1956
5 SEX 6. COLOR OR RACE 7. MARRIED		B DATE OF BIRTH	9. AGE (In years IF UNDER	LYEAR IF UNDER 24 HRS
Male White WIDOWED I	DIVORCED [Aug. 29.189	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUS		or foreign country) 12 CIT	IZEN OF WHAT COUNTRY?
Boiler Tender Let	terkenny	Franklin	Co. Penna.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Frederick E. Stumbaugh		Mary Ja	ne Brumbaugh	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	TIAL SECURITY NO. 17. IP	NFORMANT	Address	
No or unknown) Iff yes, give wor or dates of service) 218	3-05-2847 M	rs. Lewis P	feltz Williamsp	ort. Md.
18. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	exit Sa	elecre		ONSEJ AND DEATH
H20.0 DUE TO 1	, 1)	4 //		0.1
Conditions, if any, which) (1)	Herroele	whi Ke	ent Deserve	2 years
gove rise to immediate Coese (a), stating the under-				1
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY PERFORMED?
ICAT				YES NO NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	Enter nature of injury in P	Port I or Port II of item 18.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	- Inch	CE OF INJURY (Home, form, tary, street, office bldg., etc.	20f. (City or town) (0	County) (State)
Hour a.m. While of work	Not while at work	iory, inter, office blog., etc.	1	
21. I certify that Lattended the deceased	from Mitrick 15	1956 to 2	8 her 1956 that 1	last saw the deceased
alive on 7 8 huz 1954	_	occurred at IC F	M, fram the causes and an t	
	· /		ADDRESS (Street, city or town, (Stute)	DATE SIGNED
SIGNATURE CLUCK HE	ex/	40. 28 (U.	Totomice St.	29 hoo 51
PHYSICIAN'S PAUL HAA	K MID	Willian	sport, MR.	
Buind TSpecify Dec. 1,1956	Creenlawn	Cemetery	22d LOCATION (City, town, or county) Williamsport, Mc	(Stote)
23 JUNEAU PHREES OF SIGNATURE OF WI	ADDRESS	Md PATECIO	BY REGISTRAR 246, REGISTRAR'S SIGN. 29-52 & NO.	ME Cleor

ELLEVA K. E.

CERTIFICATE OF DEATH with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Washington MARYLAND Washington Maryland ero. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should Hagerstown Life Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 311 Bryan Place Washington County Hospital YES NOT First Middle 4. DATE Last Month Year DECEASED (Type or print) DEATH HERMAN SWOPE EDWIN Nov. 19.56 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Davs Hours Min White DIVORCED [April 19.1902 Male WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Electriction Aircraft Hagerstown.Md. U.S. ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Daniel Luther Swope Salome Harbaugh move WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT BRYAN PIACE MRS, HERMAN E. SW guipo 2 214-09-8112 STEWN, Md c INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH a PART I. DEATH WAS CAUSED BY: Adenocarcinoma of Stomach with Netastases IMMEDIATE CAUSE (o). **DUE TO** þ ony Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? buriat-tr YES NO P 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Manth, Doy. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Year 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour o. m. While Not while of work of work ____, 1952_, to <u>1</u>] 12] 21. I certify that I attended the deceased from 1 ______ 1956 , that I lost sow the deceased _, and that death occurred ob : 30A_M, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) **ACTUAL** SIGNATURE Potomac Ave. should PHYSICIAN'S NAME (Type) Weltv 220. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Rest Haven Cemetery Hagerstown Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b...REGISTRAR'S SIGNATURE VS A15 (4) Rest Haven Funeral Chapel Inc., Hagerstown, Md. 15M 9/55 When, a. Horst U. P.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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1				MARYI	AND	STATE DEPAR	RTMENT	OF HEALT	H-BALTIM	ORE, 1	8	4.4.6	
					112	SO CERTIF	ICATE	OF DEAT	Н		Reg. Dist.	118	51_{-}
Page 4 director, led with	-	1, 1	LACE OF DEATH	hington	440	MARYL			Where deceased lived	If institutes.		before admiss	
	M)			f outside corporate limi	ts, write	c. LENGTH OF STAY IN	11b c	CITY OR TOWN (II	f outside corporate fim	nits, write RI			
र्क इंच्छ \			Hagersto)Wn		7 mo.			rstown				
by the find 2 should	11	W	or institution ashing to	At (If not in hospital, gon County	Hos	pital	d.	437 Me	chanic S	tree	t		SIDENCE A FARM? NO
n 24 hour	-	1	NAME OF DECEASED Type or print)	LARRY		RAY	_	BBER	4. DATE OF DEATH N	Mont	_		Year 19 56
d within pletely f		5 5	Male	6 COLOR OR RACE White	7. MARR	DIVORCED		of Birth	1956 P AGI	E (In years birthday) O yes		YEAR IF UND	ER 24 HRS. Min
components		10a	USUAL OCCUPATION	ON (Give kind of work thing life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUSTRY 11	BIRTHPLACE (Sto	te or foreign country)		12. CITIZI	EN OF WHAT	COUNTRY?
and cor		10	Non			None		agersto				USA	
cion corb	I)			Andrew We	hhai	•	14. N	OTHER'S MAIDEN	Lee Demo	7 37			
physici mave hours		15.		R IN U. S ARMED FOR		SOCIAL SECURITY NO.	17. INFORMA	INT Mrs.	Wm.A. Web	ber*ddr	437 N	iechan	ic S
2 2 2	A	Ĺ.	No	None		None		Hage	rstown,	Mary]	and		
death trendin please vithin				TH [Enter only one co	use per lin	e for (a), (b), and (c)-]						INTERVAL BE	TWEEN
the ai			A A CORNER	IMMEDIATE CAUSE (o		sbulz - 1-	neum	inia				5 de	
that by #	1		471%	DUE TO									
ned ermi			Conditions, if a gove rise to it	mmediote (
ion. ion. en sign nsit pe			lying couse lost.	the <u>under-</u> (c									
physicic as been al-trans	,	CATION		HER SIGNIFICANT CON		ONTRIBUTING TO DEAT	16	LATED TO THE TER	MINAL DISEASE CONE	DITION GIV	EN IN PART I	PERFC	AUTOPSY DRMED?
IAN: The ending ficate he har he bur		CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED. (Enler	nature of injury in	n Part I or Port II of it	tem 18.)			
PHYSIC of or off his certi- use as ematian,		MEDICAL	20c. TIME OF INJUR Hour a, p. p. m.	Y Month, Day, Yeo	While	IJURY OCCURRED 2 Not while at work	Oe. PLACE OF factory, str	NJURY (Home, for set, office bldg , e	rm, 20f (City or low	n)	(Cou	inty)	(Slote)
NG spite ter t			21. I certify th	at I attended the	decease	ed from 12 p	2-, 11.	19 56, to	NOU 10	1956	that I la	st saw the	deceased
NDI Se ho Sche				200. ID	, 12.3				M, from the				
RECTOR Per			ACTUAL SIGNATURE	Tuand (W. (11/0 111	M.D	217 W	, Wash ms	/	stote)	D.	ATE SIGNED
OSPITAL C retaine RAL DI pe 3 should registror pa			PHYSICIAN'S EC	lward W. Di	tto.	III M.D.	_,1	217 W. V	Vashington	St.	Hagers	town,	Md.
MOSP MOSP Poge 3		22a	BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMET			22d LOCATION (C			(Stat	e)
O O O		23	DUT 181		6	Reformed ADDRESS-	Cemete	ry	Knoxvi	16.	Mary I	and	
VS A15 (4) 15M 9/55	(7	This	la Caci	eles	97	Ferry	ASTO Z	C'D BY REGISTRAR	E RICH	2SHX	Bow	erd
	(2	08129	3376									

BUREAU V.

9561 ST NON

1. PLACE OF DEATH a. COUNTY Washington MARYLAND b. CITY OR TOWN! (if winds corporate hard, write BURAL or LENGTH OF STAY IN 16) B. CITY OR TOWN! (if winds corporate hard, write BURAL or LENGTH OF STAY IN 16) B. COUNTY Washington b. CITY OR TOWN! (if winds corporate hard, write BURAL or LENGTH OF STAY IN 16) B. CANAGO OF DEATH B. COUNTY OR TOWN! (if winds corporate hard, write BURAL or digitive dight or second winds) B. CANAGO OF DEATH B. CANAGO OF DEATH J. DATE BOX 33 J. NAME OF First Middle Lost Lost BOX B. DATE BOX 33 J. NAME OF First Middle Lost BOX B. DATE BOX 33 J. DATE Whealdon J. DATE BOX 33 J. DATE Whealdon J. DATE BOX 33 J. DATE Whealdon J. DATE Whealdon J. DATE BOX 33 J. DATE Whealdon J. DATE WHO DEATH J. DATE BOX 33 J. DATE Whealdon J. DATE BOX 33 J. DATE Whealdon J. DATE BOX 33 J. DATE BOX 33 J. DATE Whealdon J. DATE	1852	1					E DEPARTM		- AA4 100	. 1	_		
b. CITY OR TOWN (If whose corporate limits, write RURAL ond give age means to degree means to	fore admission)		sed lived. If Instituti	here decear	ESIDENCE (W	2. USUAL				Н	PLACE OF DEATH	1. !	
Blue Ridge Summit d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dispensary Fort Ritchie Box 33 3. NAME OF OPECASED (If year or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Wholds NAME OF OPECASED (If year or print) Wholds NAME OF OPECASED (If year or print) Wholds NAME OF OPECASED (If year or print) NAME OF OPECASED (If year of y			porote limits, write f		-	e. CITY		tural c. 1		N (If outs	. CITY OR TOWN	b	7
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dispensary Fort Ritchie Box 33 3. NAME OF OFCEASED INSTITUTION (If not in hospital, give street address) PART I. DOLLAR OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work done) 110. USUAL OCCUPATION (Give kind of work done) 110. USUAL OCCUPATION (Give kind of work done) 111. RETHING OCCUPATION (Give kind of work done) 112. CITIZEN (Give voring like, even if retired) 113. FATHER'S MAJEE (SIGNIFICATION (Give kind of work done) 114. MOTHER'S MAJEE (SIGNIFICATION (Give kind of work done) 115. CAUSE OF DEATH. 116. CAUSE OF DEATH (Give kind of work done) 117. MNODMANT 118. CAUSE OF DEATH (Give kind of work done) 119. MAGDIAL OCCUPATION (Give kind of work done) 110. USUAL OCCUPATION (Give kind of work done) 110. USUAL OCCUPATION (Give kind of work done) 111. RETHING OCCUPATION (Give kind of work done) 112. CAUSE OF DEATH. 113. MAGDIAL OCCUPATION (Give kind of work done) 114. MOTHER'S MAJEE (Give of ordering country) 115. MAGDIAL OCCUPATION (Give kind of work done) 115. MAGDIAL OCCUPATION (Give kind							Strab S			town)	and give nearest		
S. SEX 4. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE in year 15 UNDER TYPE 100. U.SUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZED 100. U.SUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZED 100. U.SUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZED 12. C	e. IS RESIDENC		MINITE O	ARC DO			ive street address)	no! in hospital,	OR INSTITUTION (IF	SPITAL	S. NAME OF HOS	0	14
DECEASED (Type or print) Richard Allan Whealdon DEATH DECEASED (Type or print) S. SEX 6. COLOR OR RACE White Whowed Whowed DIVORCED Oct. 24, 1956 Oct. 24, 1956 Too. USUAL OCCUPATION (Give kind of work done)	YES NO		33	ox :	Вс			hie	Fort Rite	sary	Dispens		X
S. SEX	Year 1950	Doy	A 1.	QF	- 1			rd			DECEASED	-{	
The control of the	IF UNDER 24 H		9. AGE (In years	-						6.	SEX	5. S	
100. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) NONE 13. FATHER'S NAME HOT'Y B. Whealdon 15. WAS DECEASE EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse par line for (o), (b), and (c).] PART IL DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION G VEN IN PART II.0) PART II. OTHER SIGNIFICANT CONDITIONS CONT	Hours Min.	Months Days		56	24. 194	Oct.	DIVORCED [WIDOWED [white		male		
13. FATHER'S NAME	F WHAT COUNT	1	country)				F BUSINESS OR INDU	ne 10b. KIND	Give kind of work do	ATION (LUSUAL OCCUPA	10a	
Henry B. Whealdon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2 Heaving 1 (11 yas, give wor or delegal service) 18. CAUSE OF DEATH [Enter only one couse par line for (o), (b), ond [c).] PART I. DEATH WAS CAUSED BY.		usa		Pa.	lisle .	Car			.,				1
15. WAS DECEASED EVER IN U. S. ARNAED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2 HEAVY B. Gu High Land 1 Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond [c].] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO Conditions, If any, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (o) 20. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DOCUMENT (c) CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART I (o) 20. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DOCUMENT (Enter noture of injury in Part I or Part II of Item 18) CONTRIBUTING DOCUMENT (Enter noture of injury in Part I or Part II of Item 18) CONTRIBUTING DOCUMENT (Enter noture of injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUMENT (Enter noture of Injury in Part I or Part II of Item 18) CONTRIBUTION DOCUME				AME	S MAIDEN NA	14. MOTHE				E	FATHER'S NAME	13.)
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).				nkins	ace Jer								/
PART I. DEATH WAS CAUSE BY: MMEDIATE CAUSE to DUE TO	in Rocket	BA	Address	di	4B 4	PORMANT	SECURITY NO. 17.	TES? 16. SOCI	U.S. ARMED FOR	EVER II	i, no, or unknown)	15. (Yes.	
20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) NONE 20c. TIME OF INJURY Month, Day, Year though on the polymork of	ERAND DEATH			onia	pneumo	nchia	Acute br		DUE TO which (b) couse	iMA f any, nmediate	Conditions, If gove rise to im (a), stoting th		
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) there e.m. none 19 While of work of work none 21. I certify that I taok charge af the remains described above, held an Autapsy , Inspection X, Inquiry death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined cause ACTUAL SIGNATURE POSCY LO LO M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	PERFORMED?	EN IN PART 1(a)							*			CATION	
21. 1 certify that I taok charge af the remains described above, held an Autapsy , Inspection X, Inquiry death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE SIGNATURE ACSISTANT MEDICAL EXAMINER			of item 18)	l or Part II	injury in Part	nter noture o	INJURY OCCURRED.		VAS BUTING [] 20b.	CAUSE CONTRI	PRIMARY or CAUSE OF DEAT		
death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE - S: Policy T US LOC M.D. CHIEF MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER .	(Stote —	(County)	or lown)	20f. (City	(Home, farm, ce bidg., etc.)	ory, street, of	Not while for	While		m.	Hour o.	MEDICAL	
ACTUAL SIGNATURE S. PORY WELL M.D. CHIEF MEDICAL EXAMINER []	, and find t	Inquiry [nspection 🕱,	, Ir	n Autapsy	ve, held	ns described ab	of the remo	I taok charge	that	21. 1 certify		
ASSISTANT MEDICAL EXAMINER		ause 🔲.	ndetermined co	, Uı	Hamicide	cide 🔲,	accident 🔲, Su	uses 🗓,	m: Natural c	ted fro	death result		
ASSISTANT MEDICAL EXAMINER [DATE SIGNED		1	MINER 🗌	MEDICAL EXA	_M.D. CHIE	ELLS	7 40	Rolly	2			
EXAMINER'S S. Robert Wells, M.D. DEPUTY MEDICAL EXAMINER Z	-6-56	11					M.D.	Wells,	S. Robert		EXAMINER'S NAME (Type)		4
220. BUR AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 11/8/1956 Green Hill Waynesboro	(Stole) Penna.	r county)	nesboro (Way		CREMATORY			11/8/19	cify)	BUR AL, CREMA REMOVAL (Spec Urial	220 B	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PAO, PECODEY REGISTRAN 240. REGISTRAN'S SIGNATURE Waynesboro, Pa. DATE	1111	PAR'S SIGNATU	RAM 246. REGIST	EY REDIST	40 Y ()	l.		Wa	CHARLE	TOR'S SI	FUNERAL DIRECT	23.	

S.V. 1956 . VO.

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. 11877 CERTIFICATE OF DEATH

11854 Reg. Dist. No. 302

Ī	1. PLACE OF DEATH			2. USUAL RESIDENCE (WHO, STATE	nere deceased fixed. If institution	n Residence b	refore admission)
d	WASHI		MARYLAND	MARYI MARYI	AND 6. COUNTY	VASHIN	GTON
	RURAL and give nee	autside corporate limits, write orest lown) MITHSBURG	6 MO.	HAGERST	outside carporate limits, write RL	JRAL and give	nearest lawn)
	d. NAME OF HOSPITA OR INSTITUTION RT.#2	AL (If not in haspital, give street SMITHSBURG	address)	d. STREET ADDRESS 218 N. PC	TOMAC ST.		IS RESIDENCE ON A FARM? YES NO N
	3. NAME OF DECEASED (Type or print)	EDWARD First	ALBURTUS	WI TMER	4. DATE Mont OF NOVEMBI		28 19 56
	S. SEX MALE	6. COLOR OR RACE 7 MAR WHITE WIDOW		5/3/1871	9 AGE (In years last birthday) 85 yrs.	Months Da	EAR IF UNDER 24 HRS. ys Hours Min.
	during most of work	N (Give kind of work done 19b. ing life, even if retired) RATT.WAY POST		STRY 11. BIRTHPLACE (Stote MARYLA)			S. A.
	13. FATHER'S NAME MILTON	WITMER		SARAH AM	=		
,		IN U. S. ARMED FORCES? 16.		INFORMANT MRS. JULIA M	M. WITMER	AGERST MC	OWN
	PART I. DEAT / 5 / X Conditions, if on gove rise to in coste (a), stoling t lying cause lost. PART II. OTH Arter 200 ACCIDENT WA	DUE TO (b) mediate he under. ER SIGNIFICANT CONDITIONS PIOSCI CONDITIONS SUNDER NING I 206. DES	contributing to death bu	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVE		DISET AND DEATH 1 Yr. 19. WAS AUTOPSY PERFORMED? YES NO
		CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Year 20d. While 19	Nat while fo	ACE OF INJURY (Home, form actory, street, office bldg., etc	20f. (City or town)	(Cour	nty) (State)
	21. I certify the afive on	harles F. Hess	66, and that death	n occurred at 8:50	PM, from the causes a ADDRESS (Street, city or town, s	nd on the	t saw the deceased date stated above. DATE SIGNED 11/30/56 (Stole)
	BURTAL (Specify) 23. FUNERAL DIRECTOR'S	12/1/56		MASOLEUM	HAGERSTOWN	.,	MD.
	10, 7. 716	rment Ha	gerstour	md me	3/956 1 ha	stole	owers

BIVEVE N &

DEVESTIVED.

YS A15 (4) 15M 9/55

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ARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE, 1	8

11851 CERTIFICATE OF DEATH

M

11855 Reg. Dist. No. 302

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Washing ton MARYLAND	6. STATE PER 6. COUNTY Franklin
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16) RURAL and give nearest lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hagerstown	Shippenshurg 15x
d. NAME/OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES IN NO
3. NAME OF First Middle	/ Lost 4. DATE Month Day Year
OECEASED (Type or print) - John Kenneth	Wynkoop DEATH 11 26 1956
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Make White WIDOWED DIVORCED []	7-9-1899 lost birthdoy Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Live Stock Dealer Live Stock	Shippensburg. Va U.S.
13. FATHER'S NAME	14. MOTHEN'S MAIDEN NAME
James Wyncoop	Susan Keeker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (6. SOCIAL SECURITY NO. 17. II	NFORMANT Address
Mes. V W. I 180-26-16638.	frank J. Wynkoop R.D. Shippensburg Ya
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	1 A INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0] DUMMON OWN	a Econgestion Carlin ONSET AND DEATH
4/16 X DUE TO A	100
Canditians, if any, which) (b) Alleman Re	I bestare years
gave rise to immediate	
lying couse lost.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TA TANK	PERFORMED?
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I ar Part II af item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s. (chief libror of injoy in fact that their tos.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
How a. jn, 19 While Not while of work of work	sory, arear, orner blogs, etc.)
21. I certify that I attended the deceased fram. awyor	1956 to hould, 196 that I last saw the deceased
alive on New 2.45 19 56, and that death	ta d 4
10012 11/11/1	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE DOUBLE N WSS 10 MW	MD. 1561. Varnal 1/20/16
PHYSICIAN'S Howard N. Weeks	Hagerstown, Md.
270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY, 22d, LOCATION (City, town, organity) (State)
BUYIET 11-29-56 Spring	Kill Shippensburg, 12 1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, RECID, BY REGISTRAN - 246. REGISTRAN'S SIGNATURE
GLADHILL LO. Middle	LOW W DATE V 3 V 1900 Chan A Bowersh

TELLE A TO THE MEDIAN STATE OF ANY AND

BUREAU V. S.

DELVET VON 30 1956

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11852 CERTIFICATE OF DEATH

8 11856 Reg. Dist. No. 302

1. PLACE OF DEATH			2. USUAL RESIDENCE (W			efore admission)					
o. COONIT	Washingto	MARYLAND	o. STATE	land b. co		ington					
b. CITY OR TOWN RURAL and give r	(If outside corporale limits, wr		c. CITY OR TOWN (IF	outside corporate limits, w	vrile RURAL and give r	nearest town)					
	rerstown	Iwell	Clea	r Spring	Rural	X					
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give st	reet oddress)	d. STREET ADDRESS	1		e. IS RESIDENCE ON W FARM?					
	ngton Count	y Hospital	None			YES NO					
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF		Doy Year					
	Russell	R.	Yeakle		November	22 19 56					
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost birth	4-3	AR IF UNDER 24 HRS.					
Male	White WID	OWED DIVORCED	Feb. 1, 19	104 52	yrs. Months Day:	Hours Min.					
100. USUAL OCCUPATE during most of wo	ION (Give kind of work done rking life, even if retired)	106. KIND OF BUSINESS OR INDU				OF WHAT COUNTRY?					
Truck	Driver	Driving	Washi	ngton Cou	nty U.	S, A.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME							
G.	muel Yeakle		Katie R	ohrer							
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES?		NFORMANT	0111 01	Address						
(Yes, no, or unknown)	(If yes, give war or dates of service)	271 00 2270	Tahn Van	1-1 - 01	lann Cnni	na Ma					
- A LA		1 214-09-3319	John Yea	KIE C.	lear Spri						
	ATH [Enter only one cause p	11			II.	NTERVAL BETWEEN					
PAKI I. DE	PART I. DEATH WAS CAUSED BY: Uremia ONSET AND DEATH the										
592 X											
Conditions, if	Chronic alomerulonephritis with Hupertension unknown										
gove rise to	gove rise to immediate										
	course (o), stoling the under-										
_	lying couse lost. (c)										
PART II. OI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?										
3	none YES NO 19										
PART II. OT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
. 1											
20c, TIME OF INJU Hour o. p.,	Hour a. pt. While Not while factory, street, office bldg., etc.)										
21 1 40-46. 4	hat I attended the dec	anial from April 2	14 256 NO	2V. 22	50	saw the deceased					
71/	ov. 22	Ed Sed Troil	77:31	70. 22 , 19							
alive on/V	// L L L	2 and that death	occurred of			late stated above.					
	P. 1200			ADDRESS (Street, city or	town, state)	DATE SIGNED					
SIGNATURE	SIGNATURE Chille Gober Coken M.D.										
	Analis P	L + C - 1 A	10 (1	C .	10 1 A/	104 105					
PHYSICIAN'S NAME (Type)	ruciue no	obert Cohen, N	i.D. Clear	r Spring, 1	11a. 1401	v. 24, 195					
220. BURIAL, CREMATIN REMOVAL (Specify	ON 226. DATE THEREOF NOV. 24	22c NAME OF CEMETERY C	auls Cem.	22d. LOCATION (City, 1	C3 * 7 7:	(State)					
		7 1 7 7									
23 FUNERAL DIRECTO	A B	ADDRESS	240 REC	D BY REGISTRAR 24b.	REGISTRAR'S SIGNAT	ORE 7					
Jan 1.	Clark C	lear Spring,	Md. 9500	176.1736	MARKY 19	owers					

CERTIFICANE OF DEATH

BUREAU V. E.

1920 JON 88 JOE

